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Item 6 (a) of the provisional agenda*

Draft country programme document**

Bolivarian Republic of Venezuela

Summary

The draft country programme document for the Bolivarian Republic of Venezuela is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $10,000,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised document will be submitted to the Executive Board for approval at its second regular session in 2014.

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Basic data[*] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	5.3/5.0[a]
Under 5 mortality rate (U5MR) (per 1,000 live births)	15
Underweight (per cent, moderate and severe, 2007)	4
(per cent, male/female, urban/rural, poorest/richest)	..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	92[b]
Use of improved drinking water sources (per cent, 2005)	93
Use of improved sanitation facilities (per cent, 2005)	91
One-year-olds immunized with DPT3 (per cent)	81
One-year-olds immunized against measles (per cent)	87
Primary school enrolment/attendance (per cent, net male/female, 2011)	94/95
Survival rate to last primary grade (per cent, male/female, 2011)	90/98
Adult HIV prevalence rate (per cent, male/female)	0.7/0.4
HIV prevalence among pregnant women (per cent)	..
Child labour (per cent, 5-14 year olds, male/female, 2000)	9/2
Birth registration (per cent, under 5 years of age, 2011)	81[c]
(per cent, male/female, urban/rural, poorest/richest)	..
Gross national income per capita (US$)	12,470

[*] More comprehensive country data on children and women can be found at www.childinfo.org.

[a] This figure corresponds to projections based on the 2001 population census. The national estimate according to the 2011 population census is 4.6/4.3.

[b] This is the adjusted mortality ratio estimate prepared by the Child [sic] Mortality Estimation Inter-Agency Group (MMEIG). The estimate at the country level is 72.2 deaths per 100,000 live births (2011), as presented in the Venezuelan government report, *Cumpliendo las Metas del Milenio* ("Meeting the Millennium Goals"), 2012, p. 69.

[c] This estimate is based on a definition of the indicator that differs from the standard definition. It refers to the percentage of births recorded each year, plus the percentage of children under five years who are registered. The figure at the national level is 76 per cent of births reported on time (during the first year of life).

Summary of the situation of children and women

1. Venezuela has a population of 28.9 million. Of this total, 9 million (32.7 per cent) are children (under 18 years of age). Some 2.8 per cent[1] of the population belongs to one of the 51 indigenous peoples, concentrated in 6 per cent of the country's 335 municipalities, while 3.5 per cent identify themselves as Afro-descendents, and are scattered across 80 per cent of the municipalities; 48 per cent of indigenous persons are under age 18, while the equivalent figure for Afro-descendents is 23 per cent. Nationwide, 2.5 per cent of children (221,000) have some form of disability. Venezuela has the third highest per capita income in the region[2] and the lowest rate of income inequality.[3] The country is essentially urban (88.8 per cent) and 68 per cent of the population occupies only 22 per cent of the national territory. However,

[1] INE, *La Población Indígena de Venezuela* ("The Indigenous Population of Venezuela"), 2011 Census. Electronic bulletin, October 2013, p. 5.

[2] World Bank, per capita GDP, 2012.

[3] Gini coefficient. *Source*: ECLAC, Social Panorama of Latin America, 2013, p. 91.

disparities persist, particularly between indigenous and Afro-descendent people, persons with disabilities, and people living in peri-urban and rural areas.

2. Venezuela has made significant progress towards achieving the Millennium Development Goals (MDGs), particularly in terms of reducing extreme poverty and hunger, universalizing education, empowering women and providing access to water and adequate sanitation. It has also played an important role internationally, fostering multilateral relations among countries and promoting regional associations, such as the Bolivarian Alliance for the Peoples of Our America (*Alianza Bolivariana para los Pueblos de Nuestra América, ALBA*) and the Community of Latin American and Caribbean States (CELAC). Nevertheless, there remain some challenges, particularly with respect to children and women.

3. Although the country achieved the extreme poverty reduction target in 2006, the 2011 census shows that there are still 7.4 million people living in poverty (of whom 3.3 million are children)[4] and 2.2 million in extreme poverty (50 per cent of whom are children). Among indigenous peoples, 80 per cent of children are poor (and 50 per cent are extremely poor), while the respective figures for Afro-descendents are 50 per cent and 20 per cent.

4. Venezuela has made significant progress in reducing infant mortality (in 2011 the rate stood at 14.8 deaths per 1,000 live births) and under-five mortality (2011: 15.3 per 1,000 live births). Of children who die before the age of 5, 96.3 per cent die before their first birthday, and 78 per cent of these deaths are preventable. Neonatal mortality is a challenge: the rate has remained virtually unchanged since 2002, and represents around 71 per cent of infant deaths (under 1 year). Despite progress in providing access to antiretroviral drugs for seropositive persons, mother-to-child transmission of HIV, at 25.5 per cent,[5] is still a serious concern. Of pregnant women who test seropositive, 33.5 per cent receive antiretroviral drugs, and 65.3 per cent of the children born to seropositive mothers are given a virological test within the first two months of life (2012).

5. The Government has set the following health priorities: (a) reduce maternal mortality (where the rate was 72.2 per 100,000 live births in 2011, despite the fact that 95 per cent of childbirths are institutionalized); and (b) prevent adolescent pregnancy, recognizing that Venezuela has one of the highest adolescent fertility rates (101 for every 1,000 women aged 15 to 19 years) in the region, and 23 per cent of births are to adolescent mothers, with higher rates among those living in extreme poverty (double those for the non-poor), in rural areas (50 per cent higher than in urban areas) and among Afro-descendent and indigenous women (34 per cent higher than for other ethnic groups).

6. The country has made progress with nutrition for children under five, and has reduced the wasting rate (weight-for-height deficit – 2002: 4.8 per cent; 2012: 2.73 per cent) as well as the stunting rate (height-to-age deficit – 2002: 12.9 per cent; 2009: 9.5 per cent) and the underweight rate (weight-to-age deficit – 2002: 3.7 per cent; 2009: 3.2 per cent).[6] The country's priorities are: (a) to reduce by 12 per cent

[4] 1.7 million males and 1.6 million females.

[5] Bolivarian Republic of Venezuela, *Informe Nacional de Avances en la Lucha contra el SIDA* ("National report on progress against AIDS") (GARPR, 2012). The figure is based on estimates for Venezuela by the UNAIDS Spectrum programme.

[6] *Instituto Nacional de Nutrición* (National Nutrition Institute). SISVAN 2009 and 2012.

the underweight population aged 7 to 14 years (2002: 15.5 per cent; 2007: 19.3 per cent) and (b) to increase the prevalence of exclusive breastfeeding to 70 per cent (despite progress, only 27.8 per cent of newborns under six months were being exclusively breastfed in 2008, and the children of urban working mothers were at the greatest disadvantage in this respect).

7. Although Venezuela has achieved significant progress towards making primary education universal (92.2 per cent in 2011), the sixth grade completion rate is not universal: many children are behind the normal grade level for their age (from age nine onwards); and there are problems of access and quality, particularly in initial and secondary education, where coverage rates are 70.5 per cent and 75.1 per cent respectively. In 2011, 1.3 million or 14.3 per cent of school age children (3-17 years) were not attending school. The greatest gaps were in initial education (34 per cent) and in secondary education (18 per cent), while the gap in primary education was only 4.7 per cent. These gaps are associated with gender (boys are less likely to attend school, and this trend persists at all education levels), with disabilities (26.4 per cent non-attendance), cultural diversity (30 per cent of indigenous children and 20 per cent of Afro-descendent children do not attend school), socioeconomic level (30 per cent of poor children do not attend school), and place of residence (school attendance is lower in rural and peri-urban areas).

8. Venezuela has a comprehensive legislative framework for the protection of children's rights. However, there are two areas of weakness: (a) the civil registry of births, and (b) the prevention and treatment of violence, exploitation and abuse committed against children. There has been significant progress in the last five years towards guaranteeing the universal right to identity, yet 25 per cent of children are not registered during the first year of life; at a particular disadvantage are indigenous children and those living in isolated areas, where up to 53 per cent of births may not be registered on time. The adolescent homicide rate is among the highest in the region (57.3 per 100,000 in 2010), and the majority of victims are male adolescents. The great majority of homicides (86 per cent) occur in 79 of the country's 335 municipalities (large, highly urbanized population centres). Girls are the principal victims of sexual violence, accounting for 84 per cent of recorded cases:[7] 39 per cent of victims are under 10 years of age, 34.8 per cent between 10 and 13 years, and 26.2 per cent between 14 and 17 years. Children under 10 years accounted for 48 per cent of child abuse cases in 2008. This is one of the areas in which there is still a considerable information gap, particularly on issues such as child abuse, child labour, juvenile justice, institutionalization, sexual trafficking and exploitation, and in terms of the levels of disaggregation, timeliness and accessibility of the information.

9. Venezuela is vulnerable to emergency situations provoked by natural disasters, in particular torrential rains and earthquakes. A significant portion of the poor population live in communities that are at high risk from earthquakes, floods and landslides. The Government has developed an emergency response capacity, and Venezuela has provided assistance to many other countries in cases of emergency. It has also incorporated risk management into the national basic education curriculum.

[7] Bolivarian Republic of Venezuela, *Ministerio del Poder Popular de Interior, Justicia y Paz; Cuerpo de Investigaciones Cientificas, Penales y Criminalisticas (CICPC)* (Ministry of the Interior, Justice and Peace, Scientific, Penal and Criminal Investigations Unit). Crime statistics, 2008.

10. Venezuela has been moving to consolidate a political and socioeconomic model that entails a process of wide-ranging structural change. The "social missions and grand missions" are programmes aimed at restoring people's rights, especially for the most vulnerable social groups, and they have promoted transformation of the process of formulating and implementing public policies in the country. Social investment, which represents more than 62.5 per cent of tax revenues and approximately 18 per cent of GDP, has been given priority since 1999 as a mechanism for income redistribution and social justice. The highest priority has been placed on the education, social security and health sectors. Between 2009 and 2014, the Venezuelan Government promulgated legislation concerning children and women in several spheres: youth, videos, war games, education, civil registry, citizen security, protection of the family and children, racial discrimination, sports and recreation, maternity and paternity, social responsibility, emergency shelters, and integrated risk management.

11. In 2012, Venezuela submitted three reports to the Committee on the Rights of the Child, and these will be discussed in 2014. Many of the 63 recommendations made by the Committee on the second country report (2007) remain valid. They include the following: (a) strengthen the protection system; (b) prevent and eradicate violence against children, in line with the recommendations of the Secretary-General's study on violence against children; (c) universalize birth registration; (d) apply international standards for juvenile justice; (e) encourage the establishment of mechanisms for the participation of children and adolescents; (f) prepare a plan of action for children; (g) make visible investments in children; (h) universalize education and health services; (i) strengthen information systems on children's rights; and (j) enhance civil society participation. The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women have both made recommendations concerning adolescent pregnancy and the minimum legal ages for marriage (14 years for females and 16 for males).

Key results and lessons learned from previous cooperation, 2009-2014

(a) Key results achieved

12. The cooperation programme helped provide national policymakers with data and analyses on key issues concerning children. Information is now in hand, in some cases disaggregated by sex, on violence against adolescents in the schools, maternal breastfeeding in public hospitals, human milk banks, learning outcomes in mathematics, reading and writing, demographic dynamics and reproductive health, and the behaviour of young people with respect to HIV. DevInfo has been used to disseminate national statistics (INEInfo and CensusInfo). The 2011 census included for the first time self-identification of the Afro-descendent population, and provides data disaggregated by ethnic origin. Education statistics, data from the civil registry of births and malaria surveillance statistics have improved the quality and timeliness of information, although challenges remain. At the local level, there is now for the first time a municipal index on children's rights, which includes a methodology for measuring participation.

13. With the help of UNICEF, the child protection system now includes programmes, standards and protocols for the prevention and treatment of violence in accordance with international standards. Protocols are available on minimum

standards for police work with child victims, witnesses and delinquents. The country applies a policy of inspection and surveillance over administrative and judicial protection institutions. It has established compulsory legal standards for all Child Protection Tribunals concerning the right to be heard and express views, administration of the means of support, the supervised family living regime and the preparation of interviews and technical reports and testimony by children in judicial proceedings. Judges decide family mediation cases in accordance with national legislation. Urban experiments with violence prevention based on adolescent development have been incorporated into social programmes in the three municipalities with high population densities, and have been replicated in four municipalities outside Caracas.

14. In the education system, UNICEF has supported the incorporation of contents based on human rights principles. Initial, primary and secondary education now have curriculum guidelines, educational materials and a teacher training plan on the following issues: human rights education, with an emphasis on interculturalism, gender equality and adolescent development; integrated risk management; the teaching of reading, writing and mathematics; and intercultural bilingual education. For the first time, 30 per cent of initial education centres not under contract to the State are applying the pedagogical component. The Catholic school system in five priority States is now providing instruction on human rights, and regulations governing the school social environment have been updated. Intercultural bilingual education is offered in the schools of six indigenous towns, including consolidation of the indigenous adolescent and youth network. Contents dealing with self-identification and recognition of Afro-descendent culture have been incorporated into the national reading plan and into the policy guidelines for intercultural education. Educational offerings have been expanded with postgraduate courses on key topics relating to childhood and adolescence: the rights of indigenous peoples, breastfeeding, intercultural bilingual education, juvenile violence, and human rights in the school setting.

15. In national policy, priority has been given to reducing neonatal mortality and encouraging breastfeeding, as well as promoting adolescent health, with an emphasis on the most excluded population, in the context of "A Promise Renewed". The protocols dealing with neonatal care and adolescent health were developed in cooperation with the Pan American Health Organization (PAHO), the United Nations Population Fund (UNFPA) and UNICEF. The country has a national team of specialists accredited as facilitators in providing essential care for the newborn, obstetrical emergencies, neonatal resuscitation, breastfeeding, and adolescent health. With respect to breastfeeding, the College of Paediatrics has updated its professional ethics code in accordance with national legislation and international standards: 30 per cent of paediatricians and all postgraduate coordinators in 10 priority States are now familiar with the standards; courses for mothers and professionals, accredited by the Government and UNICEF, are now permanently available, free of charge. In collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS), with UNFPA and with PAHO, a National Strategic Plan for HIV Prevention 2012-2016 has been prepared, and gives priority to a childhood and adolescence agenda.

(b) Lessons learned

16. The midterm review and the Country Programme 2009-2014 review have offered important inputs for identifying lessons learned.

17. The priority accorded breastfeeding in health policy, as well as neonatal care and adolescent health protocols, showed that in order to have real impact on public policies there must be an ongoing analysis of risks, based on evidence and conducted with strategic partners from Government and society.

18. Experience acquired through violence prevention and adolescent development programmes in urban communities showed that, if local interventions are to be successful, there must first be a programmatic and political roadmap that incorporates systematization and evaluation with a view to expanding, replicating or adapting experiments. To have an impact on public policies with an equity focus targeted at indigenous peoples, Afro-descendents and the most excluded urban communities implies considering their priorities; contextualizing strategies; respecting their agendas and their pace and timing; and promoting dialogue and the real exchange of knowledge.

The country programme 2015-2019

(a) Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health and nutrition	850	2 000	2 850
Education	1 300	3 000	4 300
Protection	1 700	4 000	5 700
Cross-sectoral	420	1 000	1 420
Total	**4 270**	**10 000**	**14 270**

(b) Preparation process

19. The United Nations Development Assistance Framework (UNDAF) for 2015-2019 was prepared through collaboration between the Government (led by the Planning Ministry) and United Nations agencies, funds and programmes, and represented the first step in preparing the Country Programme Document (CPD).

20. This CPD was prepared on the basis of the priorities set forth in the National Plan (*Plan de la Patria*), the UNDAF, the UNICEF Strategic Plan 2014-2017 and the recommendations formulated by the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women. It was put to prior consultation with principle governmental bodies, selected sectors of civil society, and United Nations agencies, funds and programmes.

(c) Programme components, results and strategies

21. By 2019, UNICEF will have contributed to the implementation of public policies and the generation of evidence to guarantee social inclusion and equity in the exercise of children's rights to health, nutrition, education and a life free of violence. Consistent with the priorities established in the UNDAF, the programme will contribute to policies aimed at: (a) promoting and protecting breastfeeding and complementary foods, as well as prevention of the vertical transmission of HIV, neonatal mortality, and adolescent pregnancy; (b) reinforcing the quality and

cultural relevance of education; (c) addressing violence, including gender-based violence, and promoting good treatment and a culture of peace.

22. The programme includes three components: (a) health and nutrition; (b) education; and (c) protection. It will focus on the principal standards of human rights and gender equality in order to address vulnerabilities and reduce geographic, social, ethnic and gender disparities.

23. The strategies for the three components involve: (a) strengthening capacities of Government institutions and social organizations in the planning, execution and monitoring of policies and programmes for children and adolescents with a gender focus; (b) advocacy, policy dialogue, communication, knowledge management, and generation of evidence for placing children's rights in the forefront of policies and programmes at the national level and in prioritized municipalities where there is a high degree of social exclusion; (c) strategic partnerships with various levels of Government, social organizations, the business sector and children, as well as support for integration and intersectoral linkages between Government, society and United Nations agencies, funds and programmes in order to respond more effectively to violence against children, providing neonatal care, preventing the vertical transmission of HIV and adolescent pregnancy; (d) identifying, promoting and sharing effective innovations with an equity focus that will help to improve the quality of education concerning equity and the protection of children against violence, including gender violence, and disseminating them through a horizontal collaboration framework among countries.

(i) Health and nutrition

24. Pursuant to the UNDAF 2015-2019, by 2019 UNICEF will have helped provide access for pregnant women and the most excluded children to health and nutrition programmes and services of better quality and relevance, particularly in the areas of neonatal care, prevention of the vertical transmission of HIV, promotion and protection of exclusive breastfeeding and complementary foods, and prevention and care of teenage pregnancy.

25. UNICEF will support operation of health centres under the "child-friendly hospitals initiative" and will promote appropriate, safe and properly administered supplementary feeding. For application of the neonatal care protocols and standards for the prevention of vertical transmission of HIV and prevention and care of adolescent pregnancy, it will continue its joint work with PAHO, UNFPA and UNAIDS. A key aspect will be to generate evidence for influencing policies and programmes on priority topics.

(ii) Education

26. In accordance with the UNDAF 2015-2019, by the year 2019 UNICEF will have helped to ensure that the most excluded children attend and remain in the education system through the end of secondary school. UNICEF will help improve the quality of instruction and pedagogical contents with a focus on human rights, gender, adolescent development and interculturalism.

27. UNICEF will support development of a high quality, relevant and gender-sensitive curriculum as well as the implementation of intercultural bilingual education, and will help ensure that the education system has information for

monitoring educational quality, relevance and equity with data disaggregated by ethnic origin, place of residence, sex and age.

(iii) Protection

28. In accordance with the UNDAF 2015-2019, by the year 2019, UNICEF will have helped ensure that children and families in the priority municipalities of the country have access to enhanced programmes and services to care for the victims of violence, including gender-based violence; care for adolescents in conflict with the law; promotion of a culture of peace and good treatment; and timely recording of births among indigenous populations and in isolated communities. To this end, it will draw upon relevant and high quality monitoring systems and statistical information.

29. UNICEF will support the national child protection system and other institutions in implementing and monitoring intersectoral action plans to prevent and address violence, including gender-based violence, especially in the home, school and community settings, through timely and appropriate responses. It will also contribute to implementing a plan for a civil registry of births, intended to reduce the gaps in priority geographic areas. It will promote the generation of evidence with an equity focus as a key tool for policymakers in the area of child protection.

(iv) Cross-sectoral component

30. This component of the programme will support effective and efficient systems of governance and results-based management of the Office. The intersectoral component includes all activities in support of the country programme's overall management, as well as the monitoring of activities and the fielding of personnel tasked with intersectoral functions, administration and finance, communications and funding.

(d) Relationship to national priorities and the UNDAF

31. The country programme is aligned with the "*Plan de la Patria 2013-2019*", specifically with two objectives that contain the most important targets relating to children and having to do with comprehensive protection, gender equity, education, health, nutrition, social inclusion, community participation, institutional reform, knowledge management and monitoring. As well, the country programme responds to the UNDAF in five of the six areas of cooperation that have been agreed with the national Government and that are aligned with national priorities.

(e) Relationship to international priorities

32. The country programme is guided by the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It also takes into account recent reports submitted by the country to the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, and the recommendations from previous reports of those committees. Venezuela has signed the commitment to "A Promise Renewed". The programme fits within the UNICEF Strategic Plan 2014-2017 and responds to the country's commitment to speed up the achievement of the MDGs even after 2015, particularly for those goals that have not been reached. It will also contribute to the 2021 Education Targets.

Major Partnerships

33. UNICEF will maintain and reinforce its current partnerships with the national Government, universities, social organizations, scientific societies, the communications media, the private sector and children themselves. The Ministry of Planning is responsible for overall coordination of the country programme and for inter-ministerial coordination in monitoring the outcomes. The principal agencies with which the programme will cooperate are the Vice-Presidency for the Social Area and the line ministries (Health, Education, Penitentiary Services, Food, the Interior, Justice and Peace, Indigenous Peoples, Communes and Social Participation); the *Viceministerio para la Suprema Felicidad Social* ("Vice-Ministry for Supreme Social Happiness"), the National Statistics Institute, the Supreme Court of Justice, the Public Defender's Office, the National Institute for Children's Rights (IDENNA), the National Elections Board, selected state and municipal governments, and indigenous and youth organizations.

34. UNICEF will work closely on programming and planning with resident and non-resident agencies, funds and programmes. For the health and nutrition component, in particular, pursuant to the local letter of understanding with UNFPA and PAHO, it will continue coordination and joint programming with participation by UNAIDS.

35. As Venezuela is an upper-middle-income country, UNICEF will give priority to raising funds locally through individual donations and corporate partnerships.

Programme supervision, evaluation and management

36. During the first two years of the cooperation cycle, priority will be given to generating baselines and information systems for monitoring progress and identifying obstacles and bottlenecks that are impeding the achievement of better results for children, especially the most excluded. The programme will support strengthening of the National Statistics System, in particular its administrative records, in order to improve the disaggregation, timeliness and accessibility of information. The application of mechanisms for monitoring the outcomes expected under programme components will also be a priority. The mechanisms will include field visits and periodic partner reports. These actions will have priority in the integrated five-year plan and in the integrated annual plans for monitoring and evaluation. Efforts will be made to harmonize methodologies and indicators more closely with international standards. The collaboration of the National Statistics Institute will be essential. The programme will coordinate support that the Government deems appropriate in the area of emergencies, humanitarian aid and institutional strengthening for disaster risk reduction. The Office will coordinate efforts with national authorities and United Nations agencies, funds and programmes in the UNETE framework, in order to obtain prompt information that will shed light on the situation of children affected and will contribute to decision-making.

37. The Office will conduct semi-annual and annual reviews of the work plans and the management of the country programme and will coordinate reviews and programmatic evaluations with national partners that are helping to implement the programme, in close coordination with the Planning Ministry.

38. An analysis of the situation of children and women will be planned for 2017, in coordination with the partners, as key input for preparing the next country programme. Each year the Office will update the key indicators for monitoring the situation of children, as input for the Situation Analysis.

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Draft country programme document**

Timor-Leste

Summary

The draft country programme document for Timor-Leste is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5,650,000 from regular resources, subject to the availability of funds, and $55,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

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Please recycle

Basic data[1] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	0.3/0.3
U5MR (*per 1,000 live births*)	57
Underweight (*%, under 5 years, moderate and severe, 2009-2010*)	45
(*%, male/female, urban/rural, poorest/richest*)	46/44, 35/47, 49/35
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	300[a]
Use of improved drinking water sources (*%, 2011*)	69
Use of improved sanitation facilities (*%, 2011*)	39
One year olds immunized with DPT3 (%)	67
One year olds immunized against measles (*%*)	62
Primary school enrolment (*%, net male/female, 2011*)	92/91
Survival rate to Grade 5 (*%, male/female, 2010*)	82/85
Adult HIV prevalence rate (*%, 15-49 years, male/female*)	..
HIV prevalence among pregnant women (%)	..
Child labour (*%, 5-14 years, male/female, 2002*)	4/4
Birth registration (*%, under 5 years, 2009-2010*)	55
(*%, male/female, urban/rural, poorest/richest*)	55/56, 50.57, 50/56
GNI per capita (*US$*)	3,670

[1] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] The figure reported in the above table is the adjusted MMR estimate prepared by the Maternal Mortality Estimation Inter-Agency Group (MMEIG). The reported MMR estimate at the country level is 557 deaths per 100,000 live births (2009-2010), as presented in the Demographic and Health Survey (DHS), 2009-2010.

The situation of children and women

1. Timor-Leste is a young country with nearly half (48 per cent) of its estimated 1.1 million population below 18 years of age.[1] Societal preference for many children, low rates of contraception prevalence and a high total fertility rate of 5.7 per woman have seen the population growing rapidly since independence was restored in 2002.[2] About 70 per cent of the population live in rural areas.

2. The country has experienced social and political stability since 2008. Following successful presidential and parliamentary elections and the smooth swearing-in of the fifth Constitutional Government in August 2012, the United Nations Integrated Mission in Timor-Leste closed in December 2012.

3. Guided by the National Strategic Development Plan 2011-2030, the fifth Constitutional Government launched a five-year development programme (2012-2017), which reflects the shift in national focus from security issues to long-term sustainable development. Timor-Leste leads the Group of Seven Plus (g7+) of fragile and conflict-affected countries, and the implementation of A New Deal for

[1] Timor-Leste 2010 National Census.

[2] Timor-Leste Demographic and Health Survey (DHS) 2009-2010.

Engagement in Fragile States, Timor-Leste is in the process of joining the Association of Southeast Asian Nations.

4. Timor-Leste is classified as a lower-middle income country. Its economy and budget are largely dependent on the exploitation of gas and oil fields. About $15 billion in assets are maintained in the Petroleum Fund (as of January 2014), a sovereign wealth fund where the surplus wealth produced by Timor-Leste petroleum and gas income is deposited. However, about 41 per cent of the population are estimated to live below the national poverty line of $0.88 per person per day.[3]

5. Timor-Leste is subject to frequent natural disasters, including flooding and landslides (caused by heavy rains) and drought. With poor infrastructure and insufficient disaster preparedness and response capacity, even small events can have a major impact on the lives of people, particularly children, in food security, access to safe drinking water and sanitation facilities and school attendance.

6. In the area of child health, Timor-Leste is on track to achieve Millennium Development Goal 4, reducing the under-five mortality rate (U5MR) by one third. Timor-Leste's U5MR declined, from 83 per 1,000 live births in 2004 to 64 per 1,000 live births in 2010. Its infant mortality rate (IMR) declined from 60 per 1,000 live births to 44 per 1,000 live births during the same period. Nonetheless, these figures remain higher than the South-East Asia regional averages. There has not been a reduction in the newborn mortality rate, which currently stands at 22 per 1,000 live births.[4]

7. The maternal mortality ratio is estimated at 300 deaths per 100,000 live births; Timor-Leste is off track for its Millennium Development Goal 5 targets. Despite a significant increase in antenatal care (for one visit) by skilled staff (from 55 per cent in 2007 to 86 per cent in 2009-2010), the quality of service is a concern. Only 30 per cent of children were delivered by a skilled birth attendant and 78 per cent were born at home. Inequitable access to and utilization of quality maternal health services is a challenge.

8. Malnutrition is a major concern for Timor-Leste, with a childhood stunting rate at 52 per cent in 2013 (Preliminary Findings of Timor-Leste Food and Nutrition Survey 2013), a very high rate, despite dropping from 58 per cent in 2010. An estimated 18.6 per cent have either moderate or severe acute wasting and 44.7 per cent of children under five years are underweight. Timor-Leste is off track from reaching Millennium Development Goal 1. Initiation of breastfeeding of children is almost universal. However, despite a significant increase in the exclusive breastfeeding rate over the past 10 years, still only 52 per cent of children up to six months are exclusively breastfed and only 30 per cent of children 6-23 months of age receive the recommended complementary feeding.[5] Key bottlenecks are the limited access to and utilization of preventive and promotive health and nutrition services, high prevalence of childhood illnesses (especially pneumonia and diarrhoea), some traditional care and feeding practices as well as inadequate systems and capacity for addressing malnutrition.

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[3] World Bank, *A 2009 Update of Poverty Incidence in Timor-Leste using the Survey-to-Survey Imputation Method*.

[4] Most health-related data in this section is drawn from the DHS 2009-2010.

[5] Composite indicator: fed breast milk or milk products; fed 3+ or 4+ food groups (diversity); fed minimum times or more (frequency).

9. Around 69 per cent of the population uses improved drinking water sources, and Timor-Leste is on track to achieving the target on safe drinking water. However, only 27 per cent of the rural population have improved toilet facilities and 37 per cent practice open defecation. Poor hygiene practices contribute significantly to the level of malnutrition in Timor-Leste. The public awareness on sanitation and public demand for sanitation facilities are relatively low. The 2010 HIV sentinel surveillance showed that the overall national HIV prevalence ratio is 0.68 per cent (extrapolated from antenatal population).[6] Prevalence among the most-at-risk population is over 1 per cent, with some districts showing prevalence up to 3.6 per cent. The 2013 programme review of the national response to sexually transmitted infections (STI) and HIV concluded that the HIV epidemic may be evolving from "low level" towards higher HIV prevalence in some population pockets. The review also reported a high level of population vulnerability resulting from high levels of population movement and social-economic displacement, underemployment, low awareness of HIV and STI and risk behaviours within at-risk groups as well as communities.

10. In education, substantial gains have been achieved in the net primary enrolment rate, from 64.4 per cent in 2005 to 93.5 per cent in 2010. Timor-Leste is on track to achieve the primary enrolment and gender equality targets. However, universal basic education completion and learning outcomes remain as key challenges due to high repetition and dropout, especially in early grades. Inadequate teaching and learning, teachers' lack of proficiency in the languages of instruction (Portuguese and Tetum), non-availability of bilingual textbooks, limited contact time between teacher and pupil, distances to school and environmental issues, including lack of water and sanitation facilities, are major barriers to quality education for all. Pre-school education has very limited coverage as only approximately 8 per cent of children aged 3-5 years were attending pre-school, with significant urban-rural disparities.[7] The gap in access to pre-school education is another major cause of high repetition and poor learning outcomes.

11. In the area of disability, 4.6 per cent of the Timor-Leste population reports experiencing some form of disability.[8] The estimated proportion of children with disabilities is even lower, at 0.86 per cent in the 0-14 year age group. However, these figures may be underestimates. Opportunities and skills for early detection of child disability are extremely limited and development opportunities for children with disabilities even less.

12. Birth registration among children under five was 53.6 per cent in 2010 (Census). It increased to an estimated 85 per cent following a nationwide campaign carried out in February 2011. Efforts are being made to facilitate birth registration by involving community leaders and establishing birth registration posts in referral hospitals and community health centres.

13. Data on the prevalence of abuse, neglect, exploitation and violence against children and women in Timor-Leste are limited. Domestic violence is commonly acknowledged as a serious issue in Timor-Leste. Among women aged 15-19 years,

[6] P. Chan, F. Mawanda, R. Vannakit and G. Weerasinghe, Timor-Leste Health Sector Response to HIV/AIDS and STI Programme, (2013).

[7] Ministry of Education, National Education Strategic Plan, 2011-2030.

[8] Timor-Leste 2010 National Census.

38 per cent reported having experienced physical violence since age 15, and 3 per cent reported experiencing sexual violence (Census 2010).

14. Around 23 per cent of households in Timor-Leste have an orphaned or fostered child living with them. Over 3,500 children in Timor-Leste live in orphanages and boarding houses, none of which are currently licensed or regulated.

15. The Government submitted its consolidated second and third periodic report on the implementation of the Convention on the Rights of the Child and its two Optional Protocols to the United Nations Committee on the Rights of the Child in November 2013. Significant legislation and governmental mechanisms supporting progress towards gender equality have been created, such as the establishment of Secretary of State for the Promotion of Equality, with gender focal points positioned within each Ministry, and the Law against Domestic Violence in 2010. Improved gender equality, however, can only be achieved if implementation frameworks are developed and the institutional and human capacity strengthened.

Key results and lessons learned from previous cooperation, 2009-2014

Key results achieved

16. The 2009-2014 country programme contributed to the achievement of a number of national development results and objectives through advocacy, expanded partnerships and the provision of quality technical assistance.

17. In collaboration with WHO, UNICEF provided technical and financial support to the Ministry of Health to eliminate maternal and neonatal tetanus and introduced the pentavalent vaccine. An integrated measles campaign in 2011 reached over 400,000 children aged 6 months to 14 years. Community management of diarrhoea and pneumonia, now adopted as a national strategy, was initially introduced in two districts with UNICEF support. The Ministry of Health, the non-governmental organization (NGO) Alola Foundation and UNICEF supported the establishment of mother support groups, which undertake community nutrition and child health promotion activities, in 27 per cent of all sucos (villages), or 120 sucos in total. With UNICEF support, community management of acute malnutrition, vitamin A supplementation, deworming, nutritional status screening and infant and young child feeding practices were introduced and operationalized in the districts by the Ministry of Health. As a result, over 3,200 children, out of a total of 21,499 children with severe acute malnutrition, were treated between 2009 and 2013.

18. Over 27,000 Timorese benefited from access to clean water with UNICEF support through the installation of 81 water systems in 6 districts. An additional 58,000 people in over 9,500 households gained access to improved sanitation. In partnership with the Australian Government, UNICEF supported the Ministry of Health and the Ministry of Public Works in drafting a national basic sanitation policy and national sanitation strategic plan for rural areas which incorporate the community-led total sanitation (CLTS) approach. CLTS modelling was undertaken, and 62 communities have been certified as "open defecation free".

19. Pre-school education was prioritized by the Government with the development of the National Framework for Pre-School Education and establishment of the National Directorate for Pre-School Education. The child-friendly school approach,

adopted by the Ministry of Education for nationwide expansion, was expanded to cover 121 schools, reaching 34,000 students annually. UNICEF supported the development and roll-out of the national pre-secondary curricula in partnership with the University of Minho in Portugal. Complementing the Government's own resources, UNICEF funded the construction of 81 classrooms in 32 schools, and rehabilitated an additional 36 classrooms in 11 schools. Over 12,000 students, the majority in remote areas, benefited from this support. More than 15,000 students in 91 schools enjoyed improved water and sanitation facilities.

20. UNICEF supported first-time young voters to participate in the 2012 national presidential and parliamentary elections; with UNICEF assistance, the Timor-Leste Youth Parliament was established and endorsed by the Council of Ministers.

21. The National Commission on the Rights of the Child was established in 2009, with technical support from UNICEF. UNICEF assisted in developing the Child and Family Welfare System Policy, which has been approved, and the Child Rights Code and the Law on the Administration of Juvenile Justice, which are both pending approval. Actions to increase and sustain birth registration coverage were also supported by UNICEF; this includes the 2011 campaign and training of all civil registry officers, 95 per cent of suco chiefs and around 20 per cent of midwives.

22. UNICEF provided technical support for the 13 district child protection officers' improved capacity on case management and referral. Improved child-friendly police services, including the establishment of special child-friendly interview rooms in the Vulnerable Person's Unit of the National Police in all districts, have also been supported by UNICEF.

23. In cooperation with other partners, UNICEF supported the key national data collection activities led by the General Directorate of Statistics, including the 2010 Census and the 2009-2010 Demographic and Health Survey. Timor-Leste DevInfo and CensusInfo were developed to support the dissemination and analysis of the survey results.

24. UNICEF continued to place children on the agenda of key decision makers through strategic meetings with Government leaders including the President, Prime Minister, Vice Prime Minister, President of the Parliament and relevant ministers, and with the church leaders and heads of development partners. The local media covered children's issues on a regular basis and were provided with briefings and orientations for improved reportage on children. Eight out of 16 community radio stations aired weekly children's radio programmes with UNICEF support.

Lessons learned

25. UNICEF must continue supporting basic service delivery. Timor-Leste has reached middle-income status, with a gross domestic product and petroleum fund that have been growing at a steady rate. In social development, however, the country still has many human development features of a lower-income country. UNICEF must continue to support modelling service delivery activities while providing technical support to policy development and system strengthening.

26. There is a need for UNICEF and other development partners to maintain and even scale up the present levels of commitment and interventions in order for the country to properly sustain and leverage the progress and gains made in human development and institution building over the past 10 years. Insufficient capacity is

likely to remain as a major challenge; UNICEF and other United Nations agencies must enhance their focus on institutional and human capacity-building.

27. Strengthening monitoring systems to generate and analyse relevant data is required to respond to Timor-Leste's rapidly evolving development environment and growing focus on social sector. The unavailability of regular updated data and key information from the field to inform policy, programming, and implementation represented significant bottlenecks. Efforts must be made to provide "real-time" feedback loops for policy development and effective implementation.

28. Families, including children and adolescents, and communities must be supported to demand quality services. Aside from the critical roles that community leaders play in knowledge transfer and in influencing attitudes to overcome prevailing negative social practices, community members must demand access to services to improve children's lives. Better understanding of existing barriers and subsequent awareness-raising of community leaders and village-level support mechanisms, such as health volunteers, mother support groups, adolescents' peer groups, parent-teacher associations, water users groups and others are required to improve results for children.

The country programme

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child health and nutrition	780	20 000	20 780
Quality education	780	20 000	20 780
Child protection and participation	570	9 000	9 570
Social inclusion	2 500	4 000	6 500
Cross-sectoral	1 020	2 000	3 020
Total	**5 650**	**55 000**	**60 650**

Preparation process

29. Preparation of the country programme was led by the Ministry of Finance and synchronized with the formulation of the United Nations Development Assistance Framework (UNDAF) 2015-2020. The process was guided by the National Strategic Development Plan 2011-2030, the fifth Constitutional Government's Programme 2012-2017, sector strategic plans, the UNICEF Strategic Plan 2014-2017 and the findings of the midterm review of the current country programme. It was informed by an updated equity-focused situation analysis of children and women in Timor-Leste, extensive consultations with government ministries, development partners and civil society and a high-level review and strategy consultation meeting convened jointly by the Government and UNICEF.

Programme components, results and strategies

30. In support of the Timor-Leste National Strategic Development Plan 2011-2030, the overall goal of the 2015-2019 country programme is to accelerate the realization of the rights of all children to survival, development, protection and participation. UNICEF will support the Government to identify key bottlenecks that constrain the realization of the rights of disadvantaged children, supported by advocacy, planning, action and monitoring aimed at reducing infant, child and maternal mortality, improving nutritional status of children and mothers, expanding quality pre-school and basic education, and improving prevention and response to child abuse, neglect, violence and exploitation.

31. The country programme is framed around four mutually reinforcing strategies to reduce disparities and reach the most disadvantaged children: (a) generating data and evidence to inform advocacy and policy development for children; (b) strengthening systems at institutional level to enhance social services; (c) providing technical assistance to strengthen human capacity to deliver quality social services, and (d) strengthening partnerships, particularly those at community level for improving use of and demand for quality services.

32. UNICEF and partners will apply a gender lens to all programming, addressing the barriers undermining girls' and boys' realization of their rights. A dual approach towards supporting adolescent development will be adopted, incorporating an adolescent-sensitive approach to all programme cooperation, along with actions that specifically support adolescents. Programme assistance will incorporate actions to promote resilience-strengthening of children, adolescents, families and communities. Aspects of emergency preparedness and response are integrated into the health, nutrition, education, water and sanitation and child protection programmes. Elements of disaster risk reduction will be integrated into the child-friendly schools approach.

33. The programme will operate nationwide, but will emphasize support for modelling and strengthening of essential services in an integrated manner in five priority districts with weak child development indicators. A rigorous approach to gather evidence to inform national policy, standards and potential nationwide scale-up will be employed.

34. Consisting of four components, the country programme will contribute towards the achievement of the following outcomes by 2019, with a specific emphasis on the most vulnerable children:

(a) Reduced child mortality and malnutrition through improved and equitable use of quality high-impact health, nutrition and water, sanitation and hygiene education (WASH) interventions;

(b) Improved and equitable access to and quality of inclusive early learning and basic education, and increased basic education retention, completion and achievement rates;

(c) Improved and equitable use of a child care and protection system that effectively protects children from violence, exploitation, abuse, and neglect;

(d) Strengthened advocacy for protection of the rights of children and the generation of high-quality evidence and knowledge to inform the development of equity-sensitive and child-centred social policies.

35. **Child health and nutrition**. UNICEF will support the Ministry of Health to reduce malnutrition, mortality and morbidity among children under five years. Support will be provided to update and implement health policies, standards and procedures; expand coverage and enhance the quality of high-impact basic services in nutrition, health, sanitation and hygiene; and strengthen the health management information system, including the introduction of information technology-based solutions for surveillance and real-time data collection and analysis.

36. Nutrition interventions will focus on the first 1,000 days of life. Support will aim to accelerate efforts to improve coverage of high-impact nutrition interventions, including improving nutrient intake and care of pregnant mothers, infant and young child feeding and care practices, detection and treatment of acute malnutrition, provision of micronutrient supplements and deworming and use of iodized salt. UNICEF will support implementation of multisectoral national nutrition strategies, guidelines and protocols; develop capacity of managers and service providers; assist in establishing a performance management system; and support generation and use of evidence to inform programme and policy. UNICEF will assist the Ministry of Health to model, for replication and expansion, a nutrition systems-strengthening approach in five priority districts, which is expected to benefit around 430,000 people, including 56,600 children under five years of age. In addition, UNICEF will continue to advocate for multisectoral nutrition sensitive policies, interventions and resources, necessary for preventing stunting and wasting.

37. UNICEF will support maternal, neonatal and child health (MNCH) interventions, including antenatal care, essential newborn care, postnatal care, immunization, community case management of pneumonia and diarrhoea. The support will focus on improving service delivery in health posts and community health centres and promoting family and community behaviour and practices around maternal and child health. To ensure synergy of efforts and impact MNCH interventions will converge with the nutrition interventions at the district level. In addition, technical support will be provided to improve care of sick newborns, prevention of mother-to-child transmission of HIV/AIDS and paediatric HIV treatment. MNCH initiatives will be well documented and will be used to inform policies and strategies.

38. UNICEF will continue to support WASH services in rural communities, focusing on scaling-up of CLTS in priority districts through partnership with the Ministries of Health and Public Works, NGOs and development partners. Support will be provided for the development of an effective CLTS monitoring mechanism and community capacity development to manage water systems, improve sanitation facilities and enhance hygiene practices. In collaboration with WHO, technical assistance will be provided to develop minimum WASH standards for health posts in rural areas.

39. **Quality education**. UNICEF will support the Government of Timor-Leste to reduce high repetition and dropout rates, and improve learning outcomes for students. UNICEF will focus on improving school readiness through pre-school learning, increasing equitable access to quality basic education, and improving water, sanitation and hygiene in schools.

40. To improve school readiness and ensure the quality of pre-school programmes, UNICEF will provide technical assistance for the development of national standards, guidelines and a monitoring system. UNICEF will continue to support the

Government's efforts in modelling pre-schools, applying the child-friendly school approach, and will provide technical assistance to the Ministry of Education to scale up child-friendly pre-schools as investment in school readiness improve learning outcomes. This will include support for teacher recruitment and training, development of teaching-learning materials, intensifying community awareness raising and promotion of inter-ministerial cooperation mechanisms. UNICEF will also support the Ministry to develop community-based alternative pre-school learning programmes for remote communities.

41. To improve equitable access to quality basic education, UNICEF will continue to support the child-friendly school approach, undertake district and school-based capacity development, strengthen education management systems, improve school learning environments, including classrooms and address violence at schools. Technical support will be provided to improve school-based management and follow-up after child-friendly school training, including mentoring support for teachers and training of school directors, deputy directors, school coordinators, parent-teacher associations and student councils, as well as community approaches to improve access to education opportunities for out-of-school children, including those with disabilities. UNICEF will provide technical assistance to the development of a national learning assessment system by the Ministry of Education, disaggregated data analysis improvements and the overall management information system. Life-skills education, including aspects of HIV/AIDS prevention, will use existing modules designed for specific age groups.

42. UNICEF will support the achievement of the Government's goal of ensuring that all public schools have access to clean water and sanitation facilities by 2020, particularly in priority districts. This will include support for the installation of water supply as well as toilets and hand washing facilities that are child-friendly and gender-sensitive. Lessons learned and best practices will be captured and used for nationwide scale-up by the Government and other development partners.

43. **Child protection and participation**. UNICEF will support the Government to strengthen the child care and protection system. Technical support will be provided to the Ministry of Social Solidarity and Ministry of Justice to improve child and family welfare, enhance justice for children, strengthen birth registration, and promote cross-sectoral collaboration with the Government and non-governmental organizations to expand services that prevent and respond to violence, abuse, neglect and exploitation.

44. Support will be provided for the development of legislative and policy frameworks to regulate and standardize care and protection services to children, and to build the capacity of legislative officers, judicial officers, law enforcers, social welfare officers, teachers, and health workers to expand quality services to children. UNICEF will support the Ministry of Social Solidarity to strengthen the capacity of families and communities to care for and protect children. Continued efforts will be given to develop a child-friendly justice system and practice in Timor-Leste.

45. UNICEF will continue to support the Youth Parliament with the aim of empowering the Youth Parliamentarians to advocate for children and adolescents' development. They will be pioneers and opinion leaders among children and adolescents supporting activities on life-skills, peacebuilding and risk reduction, HIV/AIDS prevention, and organizing and facilitating youth development activities

that mitigate violence. Dialogue between the Youth Parliament and the National Parliament will be promoted.

46. **Social inclusion**. UNICEF will support the creation of a sound national monitoring and evaluation system. In order to improve the availability of disaggregated child-centred data that highlight existing inequities, assistance will be provided to reinforce knowledge management and institutional capacity in the General Directorate of Statistics and social sector ministries through the expanded use of DevInfo, the introduction of innovative technological models and the establishment of a publicly accessible Child Knowledge Centre. UNICEF will also collaborate in national data collection activities, particularly the 2015 National Population and Housing Census and the 2016 Demographic and Health Survey. Support will also be provided to strengthen social sector capacity in planning, policy formulation and budgeting, including through South-South cooperation. In supporting the decentralization process, UNICEF will assist with the development of subnational planning and monitoring mechanisms, including the testing of models that allow real-time data collection and monitoring.

47. In partnership with the Ministry of Finance and key social sector ministries and in collaboration with the World Bank and other development partners, UNICEF will provide support to conduct high-quality policy and expenditure analysis to support the development of policies and implementation strategies. This will include documentation and evaluation of pilot models of service delivery at local level, to inform the allocation and expenditure of national budgets in the social sector. UNICEF will also support institutional and human capacity building in evidence-based budget planning, monitoring and execution for social sector ministries.

48. UNICEF will reach out to national opinion leaders, community leaders and the media to further promote a child rights protective environment and to raise the profile of children in national development. The media will be supported to enhance ethical and responsive reporting on children's development, challenges and opportunities. At community level, raising awareness on positive caring behaviours will be supported.

49. **Cross-sectoral**. This programme will support emergency preparedness and response activities and also cover programme support and operational functions to ensure effective and efficient implementation of the country programme.

Relationship to national priorities and the UNDAF

50. The country programme is fully aligned with national priorities laid out in the National Strategic Development Plan 2011-2030, the Program of the fifth Constitutional Government 2012-2017 and the plans of the social sector ministries. It will directly contribute to UNDAF outcomes. UNICEF will promote coherence of United Nations activities in Timor-Leste and will continue to actively collaborate with other United Nations agencies to implement the UNDAF, including through joint programming, monitoring and evaluation activities and thematic working groups.

Relationship to international priorities

51. The country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against

Women, and post-2015 discussions. It emphasizes accelerating actions towards four of the Millennium Development Goal targets where Timor-Leste is lagging behind (child nutrition; maternal mortality; access to sanitation; and primary school completion), as well as focusing on reducing disparities. It supports the peacebuilding and state-building goals defined in A New Deal for Engagement in Fragile States, led by the Group of Seven Plus (g7+) nations.

Major partnerships

52. UNICEF will continue to work closely with the Government of the Republic of Timor-Leste, particularly the Ministries of Foreign Affairs and Cooperation, Finance, Education, Health, Public Works, Justice, and Social Solidarity and the Secretary of State for Youth and Sports and the National Commission on Child Rights. Under the Development Policy Coordination Mechanism (DPCM) led by the Prime Minister, UNICEF will continue to actively participate in the education, health, social protection, water and sanitation infrastructure, youth, and justice subsectors and collaborate with the Government and other development partners.

53. Strengthened links will be forged with the European Union and the Government of Australia on nutrition and water and sanitation, with New Zealand in pre-school education and with the Government of Norway around issues of health, nutrition and child protection. New partnerships will be sought with the World Bank in the field of social policy analysis and advocacy for child-centred social protection. UNICEF will be fully engaged in the work in Timor-Leste under several international support initiatives, including the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

54. The Timor-Leste Youth Parliament will remain a key partner for UNICEF in promoting the participation of young people and reducing their vulnerabilities to violence and abuse. UNICEF will strengthen its partnerships with local NGOs, civil society organizations, faith-based organizations and community leaders to improve individual and family knowledge, practices and demand for services. UNICEF will continue to work with other United Nations agencies in implementing the UNDAF.

Monitoring, evaluation and programme management

55. The Ministry of Finance has overall responsibility for the coordination and management of the country programme on behalf of the Government of the Democratic Republic of Timor-Leste. The programme will be managed on an ongoing basis by the Country Management Team and assessed at end-year and midterm reviews with the Government and other development partners. Key indicators for monitoring progress towards country programme outcomes are presented in the Summary Results Matrix. The monitoring framework for the country programme will be set out in the five-year integrated monitoring and evaluation plan, and aligned with the UNDAF monitoring and evaluation framework. Core national data collection exercises include the 2015 Census and 2016 District Health Survey.

56. Evaluations will be carried out on key initiatives, jointly with the Government and other partners as relevant, to draw lessons and to inform policies and programme decision-making.

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Item 6 (a) of the provisional agenda*

Draft country programme document**

Angola

Summary

The draft country programme document (CPD) for Angola is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $32,467,500 from regular resources, subject to the availability of funds, and $76,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data[†] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	5.7/5.6
U5MR (per 1,000 live births)	164
Underweight (%, under 5 years, moderate and severe, 2007)	16
(%, male/female, urban/rural, poorest/richest)	..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	450
Use of improved drinking water sources (%, 2011)	53
Use of improved sanitation facilities (%, 2005)	59
One-year-olds immunized with DPT3 (%)	91
One-year-olds immunized against measles (%)	97
Primary school enrolment/attendance (%, net male/female, 2010)	93/78
Survival rate to last primary grade (%, male/female, 2009)	37/27
Adult HIV prevalence rate (%, 15-49 years, male/female)	1.9/2.7
HIV prevalence among pregnant women (%, 2009)	2.0
Child labour (%, 5-14 years, male/female, 2001)	22/25
Birth registration (%, under 5 years, 2001)	36
(%, male/female, urban/rural, poorest/richest)	35/36, 40/26, 24/53
GNI per capita (US$)	4 580

† More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

The situation of children and women

1. The fast economic growth of Angola has continued over the last five years, fuelled by its vast reserves of natural resources. Per capita gross national income has reached $4,580 in 2012 and Angola aims to transition to a middle-income country by 2018. While availability of social sector data remains limited, social indicators are generally estimated to have substantially improved over the past years, though at a slower pace than the overall economy. Despite such improvements, the majority of the population continues to have limited or no access to basic services and disparities, both in income distribution and access to basic services are a source of concern.

2. The country continued to make steady improvements in strengthening its institutions whose functioning had been severely affected by the protracted conflict that ended in 2002. Despite this progress, weak governance and institutions including human resource capacity, remain among the greatest challenges to the country's harmonious development. Opportunities for children and civil society organizations to participate in decision making processes have slightly improved over time but remain somewhat constrained.

3. According to the latest estimates available, 37 per cent of Angolans reported monthly consumption below the national poverty line of $49 (IBEP 2008/2009).[1]

[1] Inquérito Integrado sobre o Bem-Estar da População (IBEP) 2008/2009.

Income poverty is far more severe and widespread in rural areas (58 per cent) than in urban areas (19 per cent). Poverty varies substantially across the country, surpassing 50 per cent in the centre-north, east, and centre regions. The age, education level and employment status of the head of household, along with the number of household members, strongly correlate with the level of poverty.

4. Income inequality is a major driver of poverty in Angola. With a Gini coefficient estimated at 0.54, Angola ranks as the fifth most unequal country in Africa. The extent of income inequality among the poor is low (as testified by a severity of poverty index of just six per cent); this indicates that the determinant of the high Gini coefficient in Angola is mainly "top-down inequality" — high inequality between the non-poor and the poor.

5. Close to one third of the total 2014 state budget of $76 billion was allocated to the social sectors. Nonetheless, overall weak human resource capacity linked to inefficient spending patterns remain major constraints to accelerating improvement in equitable access to quality essential services. Furthermore, allocations in social sectors need to be increasingly in line with stated national development priorities.

6. While data on child mortality has not been collected in Angola since 2009, the most recent global estimates indicate that the under-five mortality rate may have decreased from an estimated 213/1,000 live births in 1990 to 164 per 1,000 live births. Despite such decrease, Angola still ranks as the country with the second highest under-five mortality rate worldwide. In rural areas, the under-five mortality rate is estimated to be 70 per cent higher than in urban areas.

7. Maternal mortality remains a pressing public health issue in Angola, with estimates varying between 450 and 1,400 per 100,000 live births. Haemorrhages, malaria, under nutrition and a lack of access to health care are among the main determinants of maternal mortality. Less than half of pregnant women undergo four or more antenatal visits, and only 42 per cent of births occur in a health facility (IBEP 2008/2009).

8. The prevalence of HIV in Angola is estimated at 2.3 per cent nationally. Coverage of prevention of mother-to-child transmission (PMTCT) services remains low, with only 17 per cent of HIV-positive pregnant women currently estimated to be in treatment to avoid transmission of HIV to the child. Coverage of paediatric treatment is estimated to be even lower, with just one in ten HIV-positive children aged 0-14 years currently undergoing antiretroviral therapy (ART).

9. Access to safe water and sanitation is highly inequitable and coverage in rural areas is far lower than in urban areas. In the north-eastern provinces, less than 16 per cent of households are estimated to have access to safe water and less than 38 per cent to adequate sanitation. Hygiene and sanitation practices remain poor in Angola, contributing to high levels of morbidity and mortality.

10. The education sector has seen large investments in infrastructure and a dramatic increase in enrolment, yet quality is constrained by limited human resource capacity. The main determinants of education deprivation are related to where the child lives and the wealth of the household. At the primary level, the gender gap has been closing, while it remains an issue of concern at the secondary level, particularly in rural areas. Children in the top wealth quintile are approaching universal education, while the net attendance rate for children in the poorest households is just 38 per cent. Disabilities are a further reason of exclusion. The

Government's expressed commitment to cater to the special needs of children with disabilities may progressively contribute to promoting a more inclusive education system.

11. Less than four in every ten Angolan children under the age of five years (36 per cent) were registered at birth. High costs, distance to the services and parents without documentation are the main determinants of low levels of registration of births; 9.5 per cent of Angolan children are orphans, and more than 1 million children do not live with their biological parents. Traditionally, orphaned children in Angola live with extended families without any formal legal proceeding or social protection and assistance providing adequate care and protection. Nationwide, one in every five Angolan children aged 5 to 14 years is involved in child labour, and this rate rises to one in every three children in rural areas. Moreover, 16 per cent of these children never attended school. In the provinces of Cunene and Zaire, close to half of children in the same age group are estimated to be involved in child labour. In recent years, child labour in agricultural farms and construction sites has been reported to have increased.

12. The national legislation calls for a child-friendly justice system (specialized court, special units at the police stations as well as social services for protection and reintegration) to be established at provincial level; however, such a system only exists in one of the 18 provinces. Lack of sufficient and qualified service providers capable of providing basic and essential services throughout the country remains a major bottleneck to bringing services to the citizens, particularly in the most excluded rural areas. The national policy and legal framework has been improving over the past years. Major developments include the new Constitution that openly recognizes human rights and obligations of duty bearers. In 2012, the Parliament approved the Children's Act and in 2011 the Domestic Violence Act. A national social assistance policy was developed in 2013 and is awaiting approval by the Council of Ministers. Challenges remain in providing adequate human and financial resources and operational guidelines for the implementation of key policies. The "11 Commitments for Angolan Children", adopted in 2007, and monitored by the National Council for Children, remain the national umbrella for interventions related to children.

13. Angola is prone to emergencies and natural disasters, such as drought, flooding, nutritional crises, and disease outbreaks such as cholera and malaria. In 2011, several of the country provinces experienced less than 60 per cent of the normal rainfall, leading to a drought that constrained agricultural production and severely affected the livelihood of an estimated 1,830,000 people. The impact of these emergencies is exacerbated by the low level of preparedness of public services, communities and families.

Key results and lessons learned from previous cooperation, 2010-2014

Key results achieved

14. UNICEF provided substantial contributions to strengthening Angola's national policy and legal framework and aligning it with international standards. The advocacy efforts of UNICEF led to the inclusion of the principle of the best interests of the child in the new Constitution. UNICEF played a pivotal role in the conception

and development of the Children's Act, which spells out rights and corresponding obligations of the State to provide key services to fulfil children's rights. The contribution of UNICEF played a crucial role in the development of a national social assistance policy whose main components are the expansion of social welfare services and the introduction of cash transfers to vulnerable families. Furthermore, UNICEF supported the development of the National Environment Sanitation Policy, Policy on Prevention and Mitigation of the Impact of HIV/AIDS, Malaria and Tuberculosis, the Domestic Violence Act, and the National Nutrition Strategy. The advocacy efforts of UNICEF led to the establishment of the national programme granting free birth registration and identification for all Angolans for a period of three years.

15. Between 2010 and 2013, UNICEF provided vaccines and technical support for a total of 25 national polio immunization campaigns, each of them reaching close to seven million children under five years, with coverage rates always above 95 per cent. As a result of these efforts, collaboration with key partners, such as the World Health Organization, and government support, Angola has been free from wild polio virus since July 2011.

16. UNICEF spearheaded a child survival intervention in Angola known as Revitalization of Health Services, based on the provision of technical and financial assistance and training at the decentralised level. The model was used by the Government to enact its financial decentralization policy and to transfer funds directly to the municipalities in order to implement the model originally introduced by UNICEF in 16 municipalities. More recently, the UNICEF model served as a basis for the United States Agency for International Development and European Union in expanding funding of their joint support to the municipalities in the health sector.

17. The integrated response of the Ministry of Health and UNICEF in the 10 provinces most affected by drought from 2012-2013 resulted in a significant scale-up of health care access for the affected population. During the period of January to December 2013, a total of 1,411,562 children under five years were screened for malnutrition, out of which 70,881 children were treated for severe acute malnutrition (26,962 at the community level) and 10,411 with complications were treated in therapeutic feeding centres. Additionally, 65,481 were treated for moderate acute malnutrition, totalling 136,362 children treated for (severe and moderate) acute malnutrition.

18. UNICEF partnered with the Ministry of Family and Women and various Angolan churches, to implement the Family Competencies Programme, a national behaviour change programme which promotes a holistic approach to child development and survival, integrating health, protection and education for children under five years. With UNICEF support, 1,200 volunteers were trained as trainers of trainers and served as the first layer for cascade training of 9,550 social mobilizers in 52 Angolan municipalities. During 2012 and 2013, the programme reached an estimated 18,000 families through domestic visits and 134,000 people through community dialogues and informational meetings. A recently conducted assessment showed that the programme resulted in improvements in knowledge among the families counselled by trained mobilizers of high-impact practices for the holistic development of children under five years. The Ministry has taken ownership of the

programme and is due to independently scale up the initiative with continued but limited technical support from UNICEF starting in 2015.

Lessons learned

19. The increasingly limited availability of donor funding in Angola, combined with considerable increase in the country's private-sector wealth as a largely untapped funding and partnership market, led UNICEF to seek more opportunities for private-sector engagement. Despite these efforts, the results achieved during the previous country programme in terms of fundraising, leveraging and partnership with the private sector were lower than expected. Experience has shown that pursuing one-off, funding or partnership opportunities through ad hoc proposals is not effective in harnessing the interest and support of private companies. Instead, successful engagement needs to rely on longer-term relationship building toward more durable partnerships that are based on stronger mutual knowledge and understanding of goals and priorities. An additional constraining factor to increasing private-sector funding is related to weaknesses in the design and implementation of the regulatory framework around corporate social responsibility for Angola. By the same token, there appears to be a need for UNICEF to invest further in fostering a more holistic view regarding strategic contributions that the private sector can provide to the country's development. Building on the results achieved in the country programme, UNICEF will continue to develop its understanding of the private sector's rules of engagement in the area of corporate social responsibility and articulate an engagement strategy.

20. In the course of the country programme, UNICEF fostered a number of partnerships between the Government and community-based and civil society organizations (CBOs/CSOs). This approach has proven effective in designing and implementing interventions that have achieved sustainable results. Examples of this approach include the introduction of the Family Competencies Programme. A recent assessment of the Programme identified the importance of the cooperation forged by UNICEF between the Government and community and grassroots organizations for its implementation. Similarly, the design of the new system for community management of water points is based on a new partnership fostered between local authorities and civil society. These successful experiences from the country programme have shown the need to further pursue opportunities to promote partnerships between the Government and civil society organizations, given that this management arrangement will allow smoother implementation of programmes on the ground and sustainable exit strategies. Accordingly, in the new country programme, field-level interventions will systematically assess the opportunity of initiating or strengthening the involvement of CBOs and CSOs. One key area where this will be reinforced is in the child protection system, for which UNICEF will act as convener between the Government and CSOs, community leaders, the private sector and other donors; or the involvement of CBOs/CSOs as key players in the operationalization of the new Social Assistance Policy.

The country programme, 2015-2019

Summary budget table[†]

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Child survival and development	6 268 825	19 500 000	25 768 825
Water, sanitation and hygiene	1 979 658	2 400 000	4 379 658
Education	3 202 013	4 180 000	7 382 013
Child protection	3 046 673	15 035 000	18 081 673
Social policy, evaluation and research	2 470 956	27 850 000	30 320 956
Intersectoral (Public Advocacy and Partnerships, Communication for Development, Planning and Monitoring)	7 276 787	4 965 000	12 241 787
Cross-sectoral	8 222 588	2 070 000	10 292 588
Total	**32 467 500**	**76 000 000**	**108 467 500**

[†] Additional funds may be received through Consolidated Appeals as required.

Preparation process

21. In preparation for the new country programme, UNICEF developed the Angola Vulnerability Profile, an analytical document which sheds light on the causes and the extent of vulnerability among Angolan children. UNICEF also played a leading role in conducting the national consultation that fed into the global post-2015 process. The national consultation included specific consultations with children and youth, members of Parliament and civil society representatives. UNICEF also provided major contributions to the development of the United Nations Common Country Assessment. Sectoral consultations with the main partners were conducted to inform priorities of the new country programme. The proposed country programme is fully in line with the United Nations Partnership Framework for Angola, developed earlier in the year, which outlines the United Nations contribution to the country's development agenda.

Programme components and results

22. The overall country programme goal is to support government efforts to reduce disparities in social indicators with a focus on the child population of Angola. To do so, the country programme will pursue a systematic focus on interventions that have shown capacity to benefit the most vulnerable individuals, families and communities. Over the next five years, the country programme will gear its action towards improvements in three key areas that have emerged as possibly the most crucial for the country's development agenda: (a) substantial decrease in child and maternal mortality; (b) expansion of birth registration within the civil registration and vital statistics system; and (c) expansion of large-scale social assistance scheme to vulnerable families.

23. The country programme will be articulated in five programmes supported by three units providing intersectoral support, as described hereafter.

24. **Child survival and development**. This programme component includes three subcomponents: health; nutrition; and HIV and AIDS.

25. **Health and nutrition**. These subcomponents aim at strengthening national and district-level systems to scale up high-impact interventions that positively affect maternal, neonatal and child survival and development. They will strengthen the capacity of health workers and model cost-effective interventions that can save children's lives. At the community and household level, behaviour and social change will be supported to promote effective maternal, newborn and child health care practices. These subcomponents will seek to achieve the following results: (a) sector policy and legal framework strengthened and municipalization of health services supported through evidence-based advocacy and technical assistance; (b) stunting prevalence among children under five years reduced from 29 per cent to 20 per cent (c) maternal and neonatal tetanus elimination certified; (d) 95 per cent coverage for measles, third dose of pentavalent, pneumo-13, and rotavirus vaccines in 133 municipalities; (e) antenatal care (three or more visits) and skilled birth attendance increased to 90 per cent and 70 per cent respectively; (f) Angola is certified as a country free from wild polio virus; and (g) vulnerable children and their families have access to Integrated Community Case Management in 16 municipalities.

26. **HIV and AIDS**. This subcomponent focuses on the expansion and equity of HIV prevention, PMTCT and paediatric treatment services for children, women and adolescents most-at-risk at the decentralized levels. This component will contribute to achieve the following results: (a) uptake and adherence to antiretroviral treatment (Option B+) through engagement of at least 350 people living with HIV/AIDS in the delivery of PMTCT services in 161 municipalities; (b) expanded coverage of early infant diagnostic and paediatric treatment by national partners; (c) Increased number of most-at-risk adolescents (10-19 years old) with correct knowledge of HIV/AIDS prevention measures.

27. **Water, sanitation and hygiene education (WASH)**. This programme component focuses on strengthening the WASH legal framework and its operationalization through national and municipal plans and budgeting. In this context, support to sector reviews, bottleneck analysis, data collection and monitoring and evaluation will play a crucial role. It will enhance capacities of the sector's institutions and provide access to quality and sustainable WASH services to people living in the most disadvantaged areas. The component will contribute to achieve the following results: (a) National Environmental Sanitation policy framework operationalized; (b) functional country-wide sector management information system; (c) Increased access to sustainable and safe water and sanitation for 950,000 people by scaling up innovative approaches, including community-led total sanitation and sustainability of water facilities in target provinces, particularly those affected by recurrent emergencies.

28. **Education**. This programme component will promote interventions that contribute to increasing equitable access to quality early childhood, primary, first-cycle secondary and second-chance education, while focusing on provision of technical assistance to the Government in policy formulation and strategic planning. It will also support the implementation of action plans for early childhood, special education, education in emergencies, second-chance education and safer schools. Quality of teaching and learning will be strengthened through the development of materials for life skills trainings and teacher assessments. The component will

contribute to achieving the following results: (a) strengthened policy framework in the education sector through development of the special education and education in emergency policies, and regulation for the Free Education Policy; (b) quality of teaching improved through availability and use of quality material for life-skills training; (c) training materials developed for school committees and directors to increase their capacity in monitoring school progress and developing school plans.

29. **Child protection**. This programme component aims at progressively building an environment where children are equally protected from violence, abuse, neglect and exploitation. It revolves around two interconnected approaches: strengthening child protection systems, including emergency preparedness, and bringing about social change, leading to greater protection of children. Subnational capacity and delivery of services (social welfare, justice, law enforcement and civil registration) will be strengthened, including through further harmonization of the normative framework and enhanced monitoring and evaluation, referral procedures and coordination mechanisms, as well as workforce strengthening. Positive attitudes and behaviours of children, families and duty bearers in relation to protection and care of children will be promoted. It will coordinate an intersectoral initiative on prevention and response to violence that will strengthen synergies between sectors and create evidence on drivers of child protection risks. The component will focus on achieving the following results: (a) 80 per cent of children under five years of age have their birth registered in the seven target provinces; and (b) improved access and quality of justice services for children in at least five provinces.

30. **Social policy and evaluation**. This programme component will be producing high-quality evidence, including evaluations to support the country programme's policy and advocacy work. Analysis will span from social sectors to poverty reduction, public finance management and climate change, to the role of the private sector. The component will seek to achieve the following results: (a) quality evidence generated in strategic areas in support of shaping policies and resources allocation in key sectors; (b) programming is informed and shaped by the results of high-quality evaluations and analysis; (c) government-funded social assistance management structure strengthened and coverage substantially scaled up to progressively reach the majority of vulnerable families and their children by 2019; and (d) a total of 40,000 vulnerable children benefit from a newly introduced cash transfer programme.

31. **Intersectoral**. This programme component will provide support to the sectoral programmes through public advocacy for child rights, strengthening partnerships, including with the private sector, integrated approaches to addressing issues of behavioural change, and through planning and monitoring. It consists of three programme areas and contributes to six outcome results.

32. **Public Advocacy and Partnerships**. This programme area will focus on external communication to large audiences on topics related to child survival, development, protection and participation, increasing visibility of UNICEF in Angola. It will help consolidate the organization's positioning as a knowledge hub and will strengthen and expand partnerships in support of the UNICEF agenda. It will support the following results: (a) child-rights issues are known and responded to by leading decision and opinion makers; (b) private-sector organizations are increasingly aware of their social responsibility for the well-being of children in

Angola; and (c) sufficient resources are generated and leveraged to address child-rights issues in the country.

33. **Communication for Development**. This programme area will aim at reinforcing and sustaining positive behaviours around key results defined by programme priorities (child and maternal mortality, birth registration, social protection) and support the following results: (a) positive behaviours are reinforced around child and maternal care in development, protection, birth registration and social inclusion issues; and (b) children's active participation is reinforced and strengthened in institutions, civil society and non-governmental organizations and children's associations.

34. **Planning and Monitoring**. This programme area will support the following result: monitoring systems and tools are tracking progress on key child rights indicators through regular routine information systems and other data collection exercises. A key partner in this will be the National Council for Children operating through its four technical commissions.

35. **Cross-sectoral**. This programme component includes costs of operations staff and operating costs related to the management of the country programme, including its field presence.

Country programme strategies

36. A deliberate focus on reducing disparities will underpin all interventions. This strategic approach will be implemented across all programmes by prioritizing interventions with proven capacity to decrease disparities by reaching the most vulnerable families and children.

37. A balanced synergy between the following strategies is being pursued:

(a) Evidence-based advocacy to foster and shape national programmes and policy decisions towards decreasing inequalities in income distribution and social indicators. Influencing the allocation and use of public resources in such a way that places vulnerable Angolan families and their children at the centre of the development agenda can have a large impact due to the very large size of the state budget envelope.

(b) Institutional and human resource capacity development of government and non-government partners to promote delivery of greater quality services, with a focus on the decentralized level, will be crucial to removing a major bottleneck to the development of Angola.

(c) Community mobilization and innovative methods of gender-sensitive communication will be used to ensure active participation of children, young people and communities, as well as sustainable behaviour change.

(d) Building on the success of the current country programme, UNICEF will continue to support models that can be scaled up with domestic resources. Examples include the setting up of cash transfer programmes and the community-based system for PMTCT treatment.

(e) Emergency preparedness and response will be mainstreamed in all programmes and will include strengthening national and local capacity to prepare

for and respond in a timely fashion to emergencies, mitigating the impact of disasters by fostering family resilience, particularly in the most vulnerable areas.

Relationship to national priorities and the United Nations Partnership Framework

38. The country programme is fully in line with the Government's National Development Plan 2013-2017 and with major national sectoral policies and plans. It is aligned with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the goals of *A World Fit for Children* and other major international frameworks and priorities related to children and women. The country programme is also fully in line with the broader United Nations Partnership Framework for Angola, 2014-2018 (UNPAF). The results will contribute to all seven outcomes of the UNICEF Strategic Plan, 2014-2017.

Major partnerships

39. The country programme will be implemented in cooperation with the Government of Angola, building on existing long-established partnerships with ministries and government institutions at the central and decentralized level. Other major partners include: (a) United Nations agencies guided by the UNPAF; (b) Bretton Woods institutions and bilateral partners; (c) international and national NGOs and CSOs, human rights groups and youth associations; (d) media, national-level and subnational-level communication forums for raising awareness on child rights; and (v) private-sector partnerships aiming at harnessing support to promote the country's development.

Monitoring, evaluation and programme management

40. Monitoring and evaluation of the country programme results will ensure that initiatives undertaken by the country office contribute to UNPAF outcomes, national priorities and the goals to be established as part of the post-2015 development agenda. The Ministry of Planning is the focal point for programme coordination, thus fostering the alignment of UNICEF actions with the Government's priorities. The programme will be monitored, guided by the five-year results matrix and yearly integrated monitoring and evaluation plans, to be developed at the beginning of each year and updated quarterly to track progress towards planned results. Quarterly reviews of progress in programme implementation will be conducted, based on consultations with partners. Opportunities for joint monitoring and evaluation in collaboration with other United Nations agencies will continue to be explored whenever they have the potential to provide added-value to UNICEF programming. Results achieved and constraints will be duly documented to serve as lessons learned and best practices. A midterm review is foreseen halfway through the programme, with the participation of the full range of partners.

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Draft country programme document**

Comoros

Summary

The draft country programme document (CPD) for Comoros is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $5,155,000 from regular resources, subject to the availability of funds, and of $15,730,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted, along with the matrix results, on the UNICEF website no later than six weeks after discussion of the CPD at the 2014 annual Executive Board session. The revised draft will then be submitted to the Executive Board for approval at its second regular session of 2014.

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Basic data[†] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	0.2/0.2
U5MR (*per 1,000 live births*)	78
Underweight (*per cent, U5, moderate and severe*)	15
(*per cent, male/female, urban/rural, poorer/richer*)	15/16, 12/17, 20/9
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	280[a]
Use of improved drinking water sources (*per cent, 2010*)	95
Use of improved sanitation facilities (*per cent, 2010*)	35
One-year-olds immunized against DPT3 (*per cent*)	86
One-year-olds immunized against measles (*per cent*)	85
Primary schooling/regular attendance (*per cent, net, male/female, 2010*)	86/80
Primary schoolchildren reaching last grade (*per cent, male/female, 2010*)	55
Adult HIV prevalence rate (*per cent, 15-49 years, male/female*)	2.9/1.2
HIV prevalence among pregnant women (*per cent*)	..
Child labour (*per cent, 5-14 years old, male/female, 2000*)	26/28
Birth registration (*per cent, under 5 years old, 2000*)	88
(*per cent, male/female, urban/rural, poorer/richer*)	88/88, 90/87, 76/96
GNI per capita (*US$*)	840

[†] More comprehensive data on children and women, as well as methodological notes regarding estimates, are also available on the site www.childinfo.org.

[a] The figure in the table above is the adjusted maternal mortality ratio calculated by the United Nations Interagency Panel for the estimation of maternal mortality. The estimate reported for the country is 380 deaths per 100,000 live births in 2003, as shown in the General Census of Population and Housing (RGPH) 2005.

Summary of the situation of children and women

1. Comoros consists of four islands situated in the mouth of the Mozambique Channel – Grande Comore (Ngazidja), Anjouan (Ndzouani), Mohéli (Mwali) and Mayotte (Maore) – the last of which has been under French administration since Comoros gained independence in 1975. With a population of about 745,000, the country's surface area is about 1,861 square kilometres (km^2) – not including Mayotte – with a high population density of up to 575 inhabitants per km^2 on Anjouan. The political situation has been relatively stable since 2006, after a long period of political tension between the three autonomous islands. In 2011 the economic growth rate was 3 per cent, exceeding population growth for the first time. The country is exposed to natural disasters, particularly cyclones, floods and the constant threat from the volcano Le Khartala.

2. Comoros is a low-income country with a gross domestic product (GDP) of $680 per inhabitant. In 2010, private transfers originating in the Comorian diaspora ($117 million) accounted for 24 per cent of GDP. In 2013 the country was ranked 169th out of 186 countries on the Human Development Index (HDI), with a high poverty

incidence rate (37 per cent), rising to 79 per cent in rural areas. The point of completion of Comoros' debt, in the framework of the Heavily Indebted Poor Countries (HIPC) Initiative, was approved in 2012, thus enabling the country to invest more in the social sector.

3. According to the 2013 national report on the Millennium Development Goals, the targets relating to universal primary education, elimination of gender disparities in teaching, reduction of infant and child and maternal mortality, access to treatment for HIV/AIDS and combating malaria and other serious diseases could be achieved by 2015. On the other hand, the goals relating to the elimination of extreme poverty and hunger, empowerment of women, safeguarding the environment and development of a global partnership are distinctly behind schedule.

4. Over the past 20 years, the under-five mortality rate (U5MR) has fallen by more than half, from 122 per 1,000 in 1990 to 50 per 1,000 in 2012. According to the 2012 Demographic and Health Survey and the Multiple Indicator Cluster Survey (EDS-MICS), 30 per cent of children under 5 years of age suffer from chronic malnutrition, 11 per cent from acute malnutrition (including nearly 4 per cent in its severe form), and 16 per cent from underweight. The prevalence of chronic malnutrition varies from 23 per cent on Mohéli [Mwali] and Ngazidja to 35 per cent on Ndzouani. As regards vaccination, the 2012 EDS-MICS shows that 85 per cent of children have received the BCG, 71 per cent the third booster dose of the pentavalent vaccine and 63 per cent the vaccine against measles. Only 12 per cent of the population have access to safe drinking water, while 71 per cent of the population have access to an improved source and 37 per cent to hygiene and sanitation facilities consistent with international standards.

5. Recourse to health services is negatively affected by the high cost of medicines and service provision, limited access, shortages of qualified health-care professionals, inadequate distribution of staff and low uptake by communities. These factors are aggravated by the persistence of sociocultural beliefs, particularly concerning the treatment of children in the home, poor nutritional practices and stigma related to HIV/AIDS. Unfortunately, the share of the State budget allocated to health is less than 5 per cent, i.e., well below the standard 15 per cent recommended in the Abuja Declaration. In 2013 the country adopted a national strategy on water and sanitation, which now needs to be implemented. It also has a national policy on nutrition and food, which will be implemented through a cross-sectoral plan.

6. The net school enrolment rate saw a major increase between 1999 and 2011, from 67 per cent to 79 per cent. However, more than one child in three (37 per cent) does not complete the primary cycle, fewer than one child in two goes on to secondary schooling (47 per cent transition), and the grade repetition rate is estimated to be 29 per cent. Furthermore, the law providing that the mother tongue, Shikomori, must be one of the teaching languages at primary school is not applied, for want of teaching aids. The low level of qualification of teachers and the shortage of suitable school textbooks have a negative effect on pupils' learning outcomes. Political and budgetary tools are available, but their evaluation is too uneven to ensure coherent implementation of education policy. Almost the whole of the State budget allocated to education (20 per cent) is used for staff pay.

7. According to the 2012 EDS-MICS, nearly 14 per cent of children (girls and boys) aged 15 to 19 have undergone physical or sexual violence. The Comorian Family Code fixes the legal age of marriage at 18 years. In practice this provision is

not always observed. Thus, almost 16 per cent of girls aged 15 to 17 are affected by this situation. The Labour Code in Comoros forbids the worst forms of child labour. However, because of their social upbringing, almost a third of children aged 5 to 14 take part in agricultural and/or domestic activities.

8. Child protection in Comoros has to contend with the Government's limited capacity (in structures and human and financial resources) to guarantee children's rights in general. Certain attitudes, customs and practices that are harmful to children (in particular, early marriage and child placement) persist in Comorian society. Essential prevention, rehabilitation and reintegration services for vulnerable children are in the formative stage, disorganized and lacking in human resources and materials. A policy of legislative reform for better child safeguarding is in progress.

Key results and lessons learned from previous cooperation, 2008-2014

(a) Key results achieved

9. Thanks to the efforts with regard to vaccination, the country was certified by the World Health Organization (WHO) in 2009 as having eradicated maternal and neonatal tetanus. Measles is under control and no deaths or epidemics related to this disease have been reported over the past five years. Sixty-one per cent of children under 5 years of age and 65 per cent of pregnant women sleep under insecticide-treated mosquito nets. The incidence of malaria has fallen from 33 per cent in 1996 to 9 per cent in 2012, thanks to the national anti-malaria programme and the combination of several strategies supported by the Global Fund, Chinese Cooperation, UNICEF, WHO and other partners. UNICEF has played an active role in the prevention of malaria among pregnant women, in particular by distributing sulfadoxine pyrimethamine and insecticide-treated mosquito nets, providing technical support and helping mobilize resources from the Global Fund.

10. The reach of pre-school education has increased from 4 per cent to 14 per cent between 2008 and 2013, thanks to the renovated Koranic teaching (ECR) strategy and the opening of ECR classes in public primary schools, which enabled young children, particularly those in rural areas, to have equitable access to education. During the same period, the enrolment rate into the first year of primary school increased from 35 per cent to 60 per cent. The success rate in the end of primary school examination improved from 30 per cent to 70 per cent at the national level. This improvement is related to the adoption of a new child-centred assessment method based on [...] criteria. With technical and financial support from, and coordinated by, UNICEF, an Interim Plan for Education for the period 2013-2015 is in the process of being implemented, culminating in the admission of Comoros into the Global Partnership for Education.

11. Thanks to the reimbursement of legal and medical expenses for children victims of violence, the number of children receiving counselling services on Anjouan, Mohéli and Grande Comore has increased considerably, with an average of 500 cases per year. Committees for vulnerable children have helped to enhance safeguarding of children exposed to violence in the family or the community in the 16 administrative regions. Access to justice has improved owing to institutional capacity-building and increased participation by magistrates, lawyers, judicial

police officers, registrars, teachers and doctors, and to the building of new law courts on Mohéli and a new courtroom at Moroni.

(b) Lessons to be learned

12. Outreach to target populations (pregnant women and children under 5 years of age) has enabled improved coverage of high-impact health interventions. That presupposes a sound knowledge of such populations and their whereabouts. Strengthening outreach and active locating of targets in all areas have enabled outcomes and profitability to be improved.

13. The innovative strategy of introducing ECR classes into primary schools has strengthened the confidence of parents and other members of the community in education and enabled children to be enrolled at the required age. This strong commitment of parents to ECR, brings political stakeholders and elected officials to focus more heavily on education. The Government has adopted ECR as [standard] nursery teaching and is preparing to extend it to all primary schools.

14. Implementation of the Cooperation Programme between UNICEF and the Comorian Government faces logistical challenges due to the irregularity of inter-island transport. Air access is expensive and not predictable, and the duration of the crossing aboard the few launches approved by the United Nations system (SNU) is prohibitive. With the adoption of the harmonized approach to cash transfers (HACT) by SNU in Comoros, UNICEF and the Government will have to improve planning for field visits.

Country programme, 2015-2019

(a) Summary budget table

	(Thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Survival and development	2 145	4 500	6 645
Education	730	8 800	9 530
Safeguarding and inclusion	1 500	1 000	2 500
Cross-sectoral costs	780	1 430	2 210
Total	**5 155**	**15 730**	**20 885**

(b) Preparation process

15. In a letter dated 3 September 2013 and addressed to the Resident Coordinator of the United Nations system, the Minister of Foreign Affairs of Comoros requested the support of the United Nations Population Fund (UNFPA), UNICEF and the United Nations Development Programme (UNDP) in developing their respective cooperation programmes and the United Nations Development Assistance Framework (UNDAF) for the period 2015-2019. A first consultation with the central authorities took place in October 2013 with a view to identifying areas of work for the new programme. In December 2013, the results of these consultations were presented and discussed with eight counsellors from the UNICEF Regional Office in Comoros before the outlines of the new programme were discussed during a

meeting organized by the Planning Commission, consisting of UNICEF Comoros and the governmental partners from the central administration and the three islands. The software analysis results were progressively aligned to the priorities of UNDAF and the Strategy for Accelerated Growth and Sustainable Development (SCA2D) for the period 2015-2019. The country programme document resulting from these consultations was validated in February 2014 at a national workshop organized by the Planning Commission. The Council of Ministers held on 26 February 2014 examined and validated the programme document.

(c) Programme results and strategies

16. The ultimate goal of this 2015-2019 cooperation programme is to support the Government of Comoros to enable children's rights to survival, development, education, safeguarding and social inclusion to be equitably achieved, including in humanitarian situations. To reinforce the implementation and impact of the cooperation programme whose outcomes and interventions are described below, UNICEF will draw on a limited number of targeted strategies.

17. Capacity-building at local community level will rely on Communication for Development (C4D) to put an end to harmful social practices and to stimulate demand for relevant services. The cooperation programme will ensure constant advocacy and dialogue with Government authorities, a privileged channel to promote equity in achieving children's rights. An in-depth analysis of children's vulnerability in terms of malnutrition, dropping out of school and child abuse will provide the Government with support in developing and implementing social safeguarding policies and programmes for the most disadvantaged families.

18. UNICEF action in the fields of national capacity-building and data protection for deciders will draw on partnerships with United Nations agencies, national and international non-governmental organizations, civil society, academic institutions and other development stakeholders. International initiatives (A Promise Renewed (APR), Scaling Up Nutrition (SUN), REACH Partnership, aiming to eradicate hunger and malnutrition among children, Global Alliance for Vaccines and Immunization (GAVI)), enabling alliances to be formed with a view to mobilizing resources, will also serve as a partnership platform for the programmes. South-South exchanges will allow experiences to be shared with other countries for the streamlining of approaches to the new cooperation programme.

19. In collaboration with other development partners, UNICEF will support humanitarian emergency preparation and interventions. Considering the difficulties in liaison between the islands, stocks will be built up on each of them to allow a rapid and targeted response in case of need.

(i) Child survival and development

20. This component is in keeping with the dual goals of: (a) mothers, newborn babies and children, particularly the most disadvantaged, having equitable access to high-impact, high-quality responses aimed at ensuring their survival and development, including in humanitarian crisis situations; and (b) pregnant and lactating women and children under 5 years of age having access to and using equitably and on a permanent basis public and community structures for prevention and treatment of malnutrition, including in humanitarian crisis situations.

21. In the framework of the sub-component "Health and HIV/AIDS", UNICEF will support development and implementation of policies and strategies (including the national community health strategy) as well as developing regulative texts for the new Health Code. It will maintain financial, technical and logistical support for the enlarged vaccination programme through strengthening of the cold chain, supply of vaccines, introduction of new vaccines (inactivated vaccine against poliomyelitis and vaccines against the human papillomavirus (HPV), pneumococcus and rotavirus). In collaboration with UNFPA and WHO, UNICEF will continue to support enhancement of the quality of antenatal consultations, childbirth conditions and reimbursement of medical expenses for newborn babies.

22. To strengthen planning and budgeting for high-impact medical interventions, emphasis will be placed on management and planning training for district management teams. The health system's accountability will be strengthened through gradual introduction of results-based management, in a medium-term expenditure framework (MTEF), and assessment of the impact on equity in the health sector. UNICEF will work with the Government and partners to reduce the prevalence of HIV/AIDS or to keep it at its current level, which is very low (0.025 per cent). Constant support will be given to campaigns to eliminate mother-to-child transmission of HIV. Equipping centres for the prevention of mother-to-child transmission of HIV (PMTCT), training service providers and extension of anonymous advice and screening services will strengthen the fight against sexually transmitted infections (STIs) and HIV.

23. The sub-component "Nutrition and WASH (Water, Sanitation and Hygiene)" will attend in particular to screening and reimbursement of medical expenses for malnourished children; promotion, safeguarding and counselling with regard to breastfeeding and complementary feeding for parents of children under 2 years of age. Vitamin A supplementation and biannual deworming of children from 6 to 59 months will be made systematic, along with distribution of micronutrients to pregnant women. The goal in respect of water, sanitation and hygiene will be to guarantee women and children, particularly the most disadvantaged, equitable access to drinking water and to a salubrious environment and to encourage them to adopt better practices with regard to sanitation and hygiene.

(ii) Education

24. The goals of the programme's "Education" component will be: (a) children under 5 years of age will have medical expenses fully reimbursed and will be prepared for primary schooling; and (b) all children will receive and complete high-quality inclusive education focussing on equity and learning achievement.

25. To ensure harmonious development of children under 5 years of age, parents will be trained and instructed in how to sustain the whole of the child's development in the convergence zones, with the backing of a cross-sectoral coordination framework, including health, safeguarding and education interventions, in partnership with local authorities and grass-roots structures. Preparation for primary schooling will result from the extension of the renovated Koranic teaching (ECR), particularly in areas where school enrolment is low. It will involve, among other things, raising awareness of local authorities and communities as to their [level of] implication, buy-in and accountability in the framework of ECR, adaptation and distribution of textbooks, and capacity-building of training and managerial staff.

26. Children's equality of access to primary education will be enhanced, particularly for those suffering from a disability. The capabilities of educational stakeholders and communities will be strengthened to better prepare them for providing children with continual basic education, especially in humanitarian crisis situations. The quality of teaching and apprenticeship and the school retention rate will be enhanced. UNICEF will support the Government to ensure the availability of teaching and educational materials, particularly in the poorest areas. This support will extend to both producing and distributing textbooks suitable for the school curricula.

27. Particular attention will be devoted to improving the management of schools and the piloting of the educational system. UNICEF will support the Government in strengthening the statistical information system for education and assessment of implementation policies. The operational capabilities of the coordination structures will be improved. Design and development of a construction template for a "child-friendly school" will be a priority. UNICEF will contribute technical support for the revision of the educational regulations, in order to adapt them to the evolved system.

(iii) Safeguarding and inclusion

28. This component corresponds to a dual goal: (a) vulnerable children and children who are victims of exploitation, trafficking, violence or harmful practices will be identified and safeguarded through holistic interventions and policies that are fair and suited to their needs, including in humanitarian crisis situations; and (b) children who are victims of exclusion will benefit from evidence-based policies and programmes.

29. A programme of reform will be implemented with regard to statutory texts concerning child safeguarding. The role of family safeguarding and basic grass-roots arrangements will be strengthened through selecting temporary foster families for children who are abandoned or victims of violence, formalizing their role and developing the capacities (human, institutional and logistical) of committees for vulnerable children. To ensure access to exhaustive, high-quality safeguarding services, UNICEF will support setting up courts of minor jurisdiction, establishing areas reserved for minors in prisons, decentralizing helplines and setting up an efficient system of birth registration with local authorities. Strengthened institutional capabilities and increased participation from child safeguarding stakeholders will be required for these projects to succeed. UNICEF will support training and posting of social workers and other professionals within child safeguarding structures.

30. Lack of understanding of relevant information is a major obstacle to the use of basic social services by the most vulnerable communities. Raising communities' awareness of the existence, role and mission of structures and bodies responsible for providing basic services (safeguarding, education, health and nutrition) will be carried out as necessary, particularly among the most disadvantaged communities. UNICEF will support the Government in developing and implementing social security policy: it will back local authorities in developing and implementing conditional cash transfers to facilitate the use of health, education and safeguarding services by the most vulnerable children. A vigorous plea will be made in favour of a budget increase for the education, health, child safeguarding and social inclusion sectors.

(iv) Cross-sectoral component

31. This component will contribute to the efficiency and effectiveness of the cooperation programme thanks to high-quality technical support in terms of raising financial resources, supplies, communication, coordination, disaster risk reduction (DRR) and strategic planning.

(d) Relationship to national priorities and the UNDAF

32. The Comoros-UNICEF cooperation programme contributes to the furtherance of the aims of SCA2D for the period 2015-2019. These contributions concern two of the four themes of SCA2D, i.e., strengthening access to basic social services and strengthening resilience of households (Theme 3); strengthening governance and capacities for institutional and human resilience (Theme 4). The two other themes concern acceleration, diversification and durability of growth and the support infrastructures for such growth. Equity, which forms the basis for the approach to the current programme, is also a vital component of SCA2D, which aims to improve the quality of life of the Comorian people in an equitable manner.

33. Comoros is a voluntary participant in the initiative "United in Action". In the framework of UNDAF, UNICEF, in collaboration with WHO, will be the main partner in the UNFPA and the Joint United Nations Programme on HIV/AIDS (UNAIDS), the group of outcomes connected to Theme 3 of SCA2D (basic social services). UNICEF will also contribute to the group of outcomes on governance, in collaboration with UNDP. Through an alliance within UNDAF, UNICEF will support the cross-sectoral Government platform combating malnutrition in children.

(e) Relationship to international priorities

34. The country programme covers each of seven themes of the UNICEF Strategic Plan for the period 2014-2017. Although most of the investments concern health, education and child safeguarding, UNICEF will also back the Government in its task of social budgeting and inclusion of the most disadvantaged communities. These efforts are consistent with the ambitions of the Development Programme for post-2015. The Convention on the Rights of the Child is the bedrock of the cooperation programme, which is also grounded on the Plan of Action that emerged from the declaration "A World Fit for Children", the United Nations Girls' Education Initiative, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Universal Periodic Review.

Major partnerships

35. The Ministry of Foreign Affairs maintains its role as the focal institution for the Comoros-UNICEF cooperation programme. The Planning Commission, for its part, supports strategic planning, coordination and review of outcomes. Partnership with the Ministries of Finance, Education, Justice and Health will be the driving force for implementation of the cooperation programme.

36. UNICEF will continue to support the expanded vaccination programme in close collaboration with the Japan International Cooperation Agency (JICA) and GAVI. It will pursue its collaboration with WHO, UNFPA, UNAIDS and the Global Fund in order to improve the health system, particularly in the fields of maternal,

neonatal and infant health and of HIV/AIDS. UNICEF will continue to manage and coordinate the GPE [Global Partnership for Education] and will collaborate closely with the Government (particularly the Ministries of Finance and Education), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the European Union, the French Cooperation Mission, the World Bank, Dubai Care, Educate a Child, and other key stakeholders in the sector, in order to improve access to teaching, the quality of education and school results.

Monitoring, evaluation and programme management

37. The components of the current cooperation programme hinge upon interventions aimed at eliminating obstacles in the sectors of health, education, safeguarding and social inclusion of children. Systems for recording and sustaining data from each sector will be harmonized and strengthened to enable staff of the services concerned (schools, health establishments and counselling services) to use statistics relating to the output in order to be able to follow the implementation of the programme on a regular basis. This information will be used to improve service provision and strengthen policies and strategies for implementation of the programme. These sector-by-sector actions will be supplemented by annual surveys covering all primary schools of Comoros, a survey on nutrition carried out every two years, a general census of population and housing in 2015, a Multiple Indicator Cluster Survey (MICS) in 2017, and an UNDAF evaluation in 2018. The mid-term review of the cooperation programme will be carried out in 2017 and will enable an assessment to be made both of progress achieved and changes that need to be made to the content of the interventions and strategies deployed. These activities will be consolidated within the Integrated Monitoring and Evaluation Plan for the programme.

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Draft country programme document**

Kenya

Summary

The draft country programme document for Kenya is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $54.64 million from regular resources, subject to availability of funds, and $124 million in other resources, subject to the availability of specific-purpose contributions, for the period 2014 to 2018.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2013/18, the present document will be presented to the Executive Board, on an exceptional basis, for discussion and approval at the 2014 annual session of the Executive Board.

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Basic data[f] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	10.6/10.5
U5MR (per 1,000 live births)	73
Underweight (%, under 5 years, moderate and severe, 2008-2009)	16
(%, male/female, urban/rural, poorest/richest)	17/15, 10/17, 25/9
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	360[a]
Use of improved drinking water sources (%, 2011)	61
Use of improved sanitation facilities (%, 2011)	29
One-year-olds immunized with DPT3 (%)	83[b]
One-year-olds immunized against measles (%)	93[c]
Primary school enrolment/attendance (% net, male/female, 2009)	84/85
Survival rate to last primary grade (%, male/female, 2008-2009)	96/97
Adult HIV prevalence rate (%, 15-49 years, male/female)	5.0/7.2
HIV prevalence among pregnant women (%, 2009)	5.6
Child labour (%, 5-14 years, male/female, 2000)	27/25
Birth registration (%, under 5 years, 2008-2009)	60
(%, male/female, urban/rural, poorest/richest)	61/59, 76/57, 48/80
GNI per capita (US$)	840

[f] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] This figure is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at country level is 488 deaths per 100,000 live births (2008-2009), as presented in the Demographic and Health Survey 2008-2009.

[b] The immunization figures are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex are as follows: DPT3, male (83%) and female (90%), and measles, male (84%) and female (86%), from the Demographic and Health Survey 2008-2009.

[c] Nationally representative household survey.

Summary of the situation of children and women

1. The children of Kenya are growing up in a time of profound political, economic and social transformation. The introduction of devolved governance in 2013, along with increasing urbanization and uneven economic growth, compounded the challenges of historical inequalities and marginalization, persistent internal conflict, cyclical drought and other disasters, adding up to a complex and challenging environment.

2. The drought that lasted from 2008 to 2011 caused economic losses of over $12.1 billion.[1] Economic growth has reached 5 per cent annually, but this growth is yet to translate into widespread progress in human development. About 42 per cent of the population lives in poverty.[2] Kenya ranks 145th out of 186 countries in the

[1] *Kenya Post-Disaster Needs Assessment: 2008-2011 Drought*, Government of Kenya, with technical support from the European Union, the United Nations and the World Bank, 2012.

[2] World Bank, *Economic Update*, June 2013.

Human Development Index.[3] Intra-communal violence and conflicts in Somalia and the South Sudan have displaced over 450,000 people in Kenya and, as of February 2013, has resulted in an influx of 565,000 refugees (of whom 250,000 are children).

3. Yet the progressive, rights-based Constitution of Kenya (2010) strengthens the environment for achieving children's rights through various governance reforms, including devolution of key social services to counties. During fiscal year 2013-2014, counties were allocated 30 per cent of government revenue, with considerable discretion for planning, budgeting and implementing services for children. The country's Second Medium-Term Plan includes several high-priority interventions for children's rights, and county integrated development plans create opportunities to translate national commitments into county actions.

4. While devolution has the potential to redress the large inequalities in service delivery, it could also exacerbate the imbalances in technical capacity, resulting in marginalized counties falling further behind. Devolution is costly, and its implementation could constrain investments in infrastructure and social services. Given limited data and capacity for evidence-based planning and budgeting, translating policy and political commitment into action may be major impediments to realizing children's rights.

5. On the supply side, bottlenecks to delivering health, education, nutrition and protection services include inadequate and inequitable distribution of staff, facilities and essential supplies. Kenya is one of 36 African countries with critical health staff shortages and a persistent inability to attract and retain health workers, particularly in deprived and rural areas. Water, sanitation and hygiene education (WASH) services are inadequate and unsustainable in hard-to-reach areas, leading to gaps and disparities in access and service quality. Poor learning outcomes result from low-quality and non-participatory teaching and learning methodologies, inequitable distribution of schools and teachers, oversized classes, poor infrastructure and inadequate basic equipment.

6. Deprivations and disparities reflect uneven patterns of economic development, often resulting from conflict and disasters. The economic gap between rich and poor in urban areas and between males and females is particularly pronounced. The disadvantages facing girls become increasingly prominent during adolescence: 6 per cent of girls under 15 are married, 15 per cent are pregnant by age 19 and 15 per cent of girls aged 15-19 have undergone female genital mutilation/cutting.

7. Less than 20 per cent of the poorest women deliver their babies in a health facility. Less than 10 per cent of the poorest children attend secondary school. Government social protection programmes targeting vulnerable groups are positive developments but currently reach only a minority of those in need.

8. Children below 18 years make up 49 per cent of the population of Kenya, and 62 per cent of the population is below 24 years old. Over 75 per cent of children and adolescents experience one or more deprivations of their rights, including limited access to safe water and improved sanitation, education and health and nutrition services. Children in poor households and those living in the arid and semi-arid lands and in urban informal settlements are the most likely to experience multiple deprivations. Children in the bottom quintile have one eighth the access to improved

[3] United Nations Development Programme, *Human Development Report 2013*.

sanitation compared to the national average. Over 1 million children are out of school, over 2 million are orphaned and 700,000 children live with a disability.

9. Modest progress has been made towards achievement of Millennium Development Goal 2 (universal primary education) and Goal 6 (combat HIV/AIDS, Malaria and other diseases). However, major gaps remain with respect to poverty and child malnutrition (Goal 1), gender equality and women's empowerment (Goal 3), infant mortality (Goal 4) and maternal mortality (Goal 5). Reduction in poverty and malnutrition has stalled; in fact, rates of stunting among children under 5 increased from 30.3 per cent in 1993 to 35.3 per cent in 2009. Kenya recorded the largest reduction in under-five mortality rate in sub-Saharan Africa between 2002 and 2009, from 115 per 1,000 live births to 74 per 1,000 per live births, driven by increased access to high-impact and low-cost interventions such as insecticide-treated mosquito nets and improved access to sanitation.[4] Infant mortality was estimated at 44 per 1,000 live births in 2009. The maternal mortality ratio remains high, at 488 per 100,000 live births.[5]

10. Only 61 per cent of households have access to safe drinking water and 29 per cent to improved sanitation.

11. While the net primary school enrolment rate has reached 92 per cent, large disparities exist, based on geography, income and sex. In counties of the arid and semi-arid lands, the net rate is 48.7 per cent. Access to early childhood education was estimated at 53 per cent in 2012.[6] In 2010, fewer than half of grade 3 pupils achieved the required competency in literacy, and only slightly over half achieved required numerical competency.[7] Gender parity in primary school enrolment improved to 97 girls for every 100 boys in 2010 from 95 girls per 100 boys in 2005, but large disparities exist at secondary level, with a rate of 86 girls per 100 boys in 2010.

12. Adult prevalence of HIV declined slightly, down from 6.7 per cent in 2000 to 5.6 per cent in 2012. With approximately 1.2 million people living with HIV, Kenya is among the top five countries in sub-Saharan Africa in terms of HIV burden. Almost one third (30 per cent) of new infections occur among girls and young women.[8]

Key results and lessons learned from previous cooperation, 2009-2013

Key results achieved

13. The country programme 2009-2013 supported the Government of Kenya and partners to address child rights issues through four components: (a) child survival and development (health, nutrition and WASH); (b) education and learning; (c) child protection; and (d) policy, planning, advocacy and communication. The programme

[4] Gabriel Demombymes and Sofia K. Trommlerova, "What has driven the decline of infant mortality in Kenya?" World Bank, Policy Research Working Paper 6057, May 2012.

[5] Kenya Demographic and Health Survey, 2008/2009.

[6] Government of Kenya, Economic Survey, 2013.

[7] Kenya National Assessment Centre, "Report on Monitoring Learning Achievement: Class three literacy and numeracy", 2010.

[8] Kenya AIDS Indicator Survey, 2012.

supported sectoral policy development and capacity development for child-focused services and increased access to services in the most deprived areas, including northern Kenya and Nyanza province.

14. In nutrition, UNICEF and partners advocated for the Scaling Up Nutrition movement and supported the country to join it. It also advocated for policy harmonization; capacity building to scale up high-impact nutrition interventions, such as using the routine health system for vitamin A supplementation, which was previously administered only through campaigns; and expansion of coverage of nutrition interventions to over 1.3 million under-five children (80 per cent of the total) and 386,000 pregnant and lactating women (70 per cent of the total), with a focus on communities in the arid and semi-arid lands.

15. As a result of strong UNICEF advocacy and partnerships in education, early childhood development was mainstreamed in the Basic Education Act 2013, and government funding for early childhood education covered 1.2 million children. The child-friendly school monitoring tool was adopted by the Ministry of Education and used in 4,000 schools to improve access to quality education for 2 million children. The talent identification model and vocational training, targeting out-of-school adolescents, reached over 200,000 adolescents.[9] Over 71,000 children in emergencies received alternative basic education.

16. With UNICEF support, the government-led cash transfer programme for orphaned and vulnerable children reached over 150,000 households (more than 500,000 children) in 2013, up dramatically from around 15,000 households in 2009. It led to improvements in access to education (6 per cent increase in secondary school enrolment), nutrition (15 per cent improvement in dietary diversity) and behaviour indicators (23 per cent reduction in early sexual debut).[10]

17. Platforms to expand health, sanitation and hygiene services were established through implementation of the national framework for integrated community case management and by increasing community health services, from 489 in 2009 to 2,943 in 2013, as well as expanding the community-led total sanitation approach and distributing 10 million insecticide-treated bed nets in malaria-endemic areas. Some 200 pneumonia cases among children under five were treated by community health workers in Homa Bay County. Selected counties with high rates of maternal mortality or under-five child mortality were supported to strengthen evidence generation, planning and resource allocation. Expanding integrated community case management and introducing the pneumococcal conjugate vaccine will significantly reduce pneumonia-related deaths — the number one killer of children.

Lessons learned

18. In retrospect, there were disappointing results from cross-sectoral approaches linking HIV and AIDS with adolescent development. These themes will be given greater attention in the new country programme.

[9] The talent identification and development model seeks to engage and challenge adolescents and youth by tapping into their talent in order to boost their self-confidence and create opportunities for improved livelihoods.

[10] Government of Kenya, UNICEF, The Transfer Project, the World Bank and the Food and Agriculture Organization of the United Nations, "Policy Brief: Cash transfers in Kenya achieve a broad range of positive impacts", 2013.

19. UNICEF has been supporting collaboration between national and county-level administrations to integrate disaster risk reduction as a means to strengthen emergency preparedness and response capacities. For example, sensitization of health and water service providers and the population as a whole led to a reduction of cholera outbreaks in previously endemic areas in northern Kenya. The focus on strengthening community preparedness and response resulted in a successful roll-out of community-managed approaches to child malnutrition. During the 2011 Horn of Africa drought crisis, these were instrumental in helping to avoid the level of famine experienced in neighbouring Somalia, where these mechanisms were absent.

20. United Nations agencies have been largely working individually, with limited coordination and monitoring. The Delivering as One framework provides opportunities to influence joint United Nations policy dialogue and advocacy to address structural bottlenecks in service delivery and to establish common partnerships with donors and the private sector.

21. Lessons from humanitarian responses over the 2009-2013 programme cycle, in particular the response to the 2011 Horn of Africa crisis, underscore the need to develop preparedness and response strategies that support community resilience and better adaptability of systems during crises. Integrated community-based malnutrition management approaches were recognized as a best practice, helping to leverage humanitarian funding for longer-term nutrition financing.

The country programme, 2014-2018

Summary budget table

(In thousands of United States dollars)

Programme component	*Regular resources*	*Other resources*	*Total*
Inclusive environment	11 500	9 000	20 500
Protective environment	9 300	26 000	35 300
Healthy environment	12 200	71 000	83 200
Learning environment	4 300	16 000	20 300
Cross-sectoral	17 340	2 000	19 640
Total	**54 640**	**124 000**	**178 640**

Preparation process

22. Formulation of the new country programme followed preparation of the Second Medium-Term Plan and the United Nations Development Assistance Framework (UNDAF) 2014-2018. UNICEF contributed to the medium-term plan through United Nations arrangements and by providing evidence and policy notes on key child rights issues. The UNDAF 2014-2018 — which includes outcomes relating to the broad areas of governance, human capital, the economy, environmental sustainability, land management and human security — underlies the proposed country programme.

23. The country programme development process involved all staff, government officials and development and implementing partners through participatory

workshops. A consultative meeting was held with advisors from the UNICEF regional office for Eastern and Southern Africa, and three government-led stakeholder workshops took place to identify, review and validate programme priorities and strategies. These were further reviewed at a joint meeting in January 2014 involving staff from headquarters, the regional office, Supply Division and the country office.

Programme components, results and strategies

24. The country programme 2014-2018 aims to advance the rights of all children and adolescents in Kenya, especially the most vulnerable. The programme reflects three strategic shifts, based on learning from the previous programme cycle (2009-2013) and responding to national priorities. First, it will strive to embed all children's rights within the reformed governance systems. Second, it will aim to model service delivery approaches reaching the most deprived and vulnerable children, with a focus on high-burden counties and low-income urban settlements, and will build capacity to scale up successful approaches. Third, it will work to build the resilience of systems, communities and households in the face of recurrent crises.

25. Implementation of the country programme will reflect opportunities offered by the devolution process. Support to counties in planning, budgeting and monitoring strategies and analysing outcomes will be important across all programme sectors. Special attention will be given to ensure consideration of the needs of excluded and vulnerable children in designing and financing county-level development programmes. The focus will be on sustainability and building resilience in light of recurrent crises.

26. In the same vein, capacity development of partners engaged in implementing the country programme will be critical at all levels, with a special emphasis on the newly devolved service delivery institutions.

27. Within the Delivering as One modality, the programme will forge close partnerships and support coordination among United Nations programmes to achieve the UNDAF outcome results. This collaboration will include shared advocacy, coordinated implementation and leveraging of resources.

28. Alignment between humanitarian and development programme approaches will be pursued and advocated for to strengthen the resilience of systems and communities in the face of recurrent crises. The emphasis will be on the flexibility of service delivery options and their capacity for scaling up. Another focus will be on building household capacities not only to withstand adverse changes in their environment but to be positively transformed by them.

29. The programme will operate under the principles of results-based management and the human rights-based approach. It will emphasize gender sensitivity, capacity development and environmental sustainability.

30. Significant attention will be paid to strengthening national and subnational capacities to collect and analyse data and use the evidence to improve development and humanitarian programmes implemented in Kenya. This will be guided by an understanding of the need for equitable distribution of resources and access to services and opportunities for all children in the country to foster sustainable development. The underlying supply strategy will focus on delivery of essential

commodities, logistics and supply chain management in support of programme results.

31. South-South cooperation will be strengthened to enhance knowledge sharing and learning from best practices in the region and beyond.

32. The 11 country programme outcomes are grouped into 4 programmatic components: inclusive environment; protective environment; healthy environment; and learning environment.

33. **Inclusive environment**. This programme component will embed children's rights through core governance reform processes. These results will contribute to sustainably improving the environment for realizing all children's rights, including those on identity and participation.

34. The component will focus on strengthening capacities needed to create an enabling environment for social participation and facilitating adoption of positive behaviours and social norms for children's rights. It will address demand-side bottlenecks including limited knowledge; lack of meaningful engagement and participation of communities and children in planning; and poor implementation, monitoring and evaluation of child-related social services. Partnerships and networks with civil society, faith-based organizations, children and youth-led groups and community media will be established or leveraged for behaviour change based on evidence, documenting best practices and lessons learned.

35. To eliminate systemic bottlenecks, UNICEF will contribute to strengthening institutions and policy frameworks for addressing child rights. It will also work to leverage the United Nations normative influence, international human rights instruments and national legal frameworks to enhance the visibility of children's rights in development plans, budgets and accountability systems.

36. National and county capacities will be strengthened to generate evidence on child deprivations and excluded children to influence national and county-level planning and budgeting for equitable service delivery. The right to legal identity for all children, especially the most marginalized, will be underscored by building capacity to develop child-focused components of the integrated population registration and monitoring system, which is within the framework of the civil registration and vital statistics system.

37. **Protective environment**. This programme component aims at building capacities at all levels of government and within communities to protect all children from violence, exploitation and abuse. Building on progress made in child protection system strengthening and informed by the Constitution, it will support the Government at national and county level to develop a strong legal framework. The framework will be implemented through enhanced institutional structures with functional coordination and referral mechanisms, information management and monitoring systems.

38. The component will advocate for and support amendment of the Children Act 2001 and other regulatory instruments, aligning them to the Constitution, and support capacity development to improve accountability in child protection systems. Advocacy will be carried out to increase financing for child protection to support scalable models to prevent and respond to violence against children, family separation and harmful practices. In addition investments will be made in building capacities among responsible institutions and at the community level. The programme will further support the development of a strategic plan of action to

implement diversion and alternatives to detention for children in conflict with the law, based on provisions in the draft Child Justice Bill. Coordination of partners will be supported to effectively respond to emergencies and build resilience. Key partners will include the Ministry of Labour, Social Security and Services; Departments of Children Services and Justice; the judiciary; the police; county governments; development partners; the private sector; and civil society organizations.

39. This component will support national partners to improve and sustain access to testing and treatment for pregnant and breastfeeding women living with HIV and AIDS and access to early infant diagnosis and paediatric treatment. It will contribute to global targets in the "Global Plan towards Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive" and "A Promise Renewed". An integrated approach will be adopted to expand access to prevention, treatment and counselling services for children and adolescents living with HIV and AIDS, especially those at higher risk of exposure, facilitating their participation in planning and decision-making.

40. Innovations such as digital platforms and data driven-planning and advocacy will be emphasized to scale up high-impact interventions. The country programme will support partners to expand HIV-sensitive social protection to improve prevention, treatment and care, contributing to national social protection outcomes. Advocacy will be sustained to strengthen political commitment to increase domestic financing, improve efficiency and reduce demand-side barriers such as stigma. Partners include the National AIDS Control Council, key ministries, county governments, the United Nations, development partners, the private sector, academic institutions, civil society organizations and the media.

41. It is important to reduce children's vulnerability and enhance the impact of social protection programmes on the realization of other rights, through integrated and child-sensitive social protection systems. The country programme will support the government's flagship initiative for the development of a national social protection system that foresees integration of five existing programmes. The system is to be scaled up to cover half of the intended target population, including vulnerable children, by 2018. The programme will support national and county-level partners to strengthen and harmonize systems for better targeting of vulnerable children, including those with disabilities, and to model mechanisms linking social protection programmes to education, maternal and child health, nutrition, child protection and HIV-related services. The programme will also support adaptive capacity to respond to emergency situations. Key partners will be the Ministry of Labour, Social Security and Services; National Drought Management Authority; World Bank; United Kingdom Department for International Development; and Swedish International Development Cooperation Agency.

42. **Healthy environment**. This programme component will focus on supporting the Government and partners to create a healthy environment in which children survive and thrive, and will address stunting, child and maternal mortality, and access to safe water and sanitation.

43. The component will promote adoption of universal access to option B+ for all HIV-positive pregnant women. It will also support strengthening of the community health system with an emphasis on integrating community health workers into the professional work force. The programme will support delivery of high-impact mother and child health interventions in selected high-burden and deprived counties. In addition it will support the national Expanded Programme on Immunization in

increasing coverage in hardest-to-reach communities and in introducing new vaccines.

44. In partnership with the Government, the component will advocate for an increase in resources at national and county levels for affordable, high-quality nutrition services. It will support county governments to design, cost, implement and monitor community-driven nutrition services to promote behaviour change; and foster partnerships for nutrition-sensitive and specific interventions to deliver on the Scaling Up Nutrition commitments to reduce stunting.

45. It will support national efforts to eliminate open defecation and scale up community sanitation. It will also generate evidence and advocate with line ministries to scale up innovative WASH models to improve service provision in schools and health centres and increase WASH sustainability through innovative management models and monitoring, including community management and public-private partnerships. In addition the programme will generate evidence to build resilience, informing national guidelines, standards and protocols.

46. **Learning environment**. This programme component calls for developing an education system that supports economic transformation through building appropriate skills and values. It will support the development of school readiness strategies. It will also coordinate with development partners to leverage resources to scale up effective approaches for increasing access to high-quality education and improved learning outcome. In addition it will support implementation of the National Education Sector Support Plan. In support of the devolution process, the programme will engage with selected counties to develop, budget for and implement education sector strategies aligned to the National Education Sector Support Plan. Information management, monitoring and accountability systems will be strengthened at national and county levels to generate evidence and monitor performance. Approaches to early childhood education will be modelled at county level. The main partners are the Ministry of Education, Science and Technology and other government institutions related to child social welfare and protection, including county governments, development partners, the private sector and civil society organizations.

47. **Cross-sectoral**. Operational support will be enhanced through strengthened implementation of a harmonized approach to cash transfers; emphasis on risk management; simplified business processes aiming to improve efficiency and effectiveness; streamlined supply chain procurement management and end-user monitoring; enhanced performance management through result teams with defined accountability frameworks; and strengthened subnational operational capability for programme delivery and reporting on results.

Relationship to national priorities and UNDAF

48. The country programme results framework is derived from the UNDAF 2014-2018 results. These in turn are aligned with the three pillars (political, social and economic) of Vision 2030 and the transformational agenda of the Second Medium-term Plan. Thus the country programme contributes directly to realization of national priorities, including by supporting the country's national resilience programme strategy, Ending Drought Emergencies.

Relationship to international priorities

49. The country programme 2014-2018 is based on the principles and values enshrined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. It will be fully aligned to the outcome areas of the UNICEF Strategic Plan 2014-2017. The programme will contribute to realizing all eight Millennium Development Goals. Support to generation of equity-focused and gender-disaggregated data on children and adolescents will contribute to the country's Millennium Development Goals reporting requirements for 2015 and the post-2015 development agenda. The programme will also contribute to implementation of the United Nations plan of action on disaster risk reduction for resilience.

Major partnerships

50. Partnerships with United Nations agencies, key ministries and constitutional bodies (National AIDS Control Council), county governments, development partners, including non-traditional donors, the private sector and civil society organizations will be strengthened through advocacy and establishment of common goals for children and adolescents. Corporate engagement will be expanded using the Children's Rights and Business Principles framework and participation by adolescents and children in critical decision-making processes will be nurtured and supported.

Monitoring, evaluation and programme management

51. The Delivering as One governance structures (its Steering Committee, the United Nations country team, results groups and the Strategic Planning and Oversight Committee) will provide leadership and oversight for implementing and monitoring the UNDAF and the country programme.

52. National implementation modalities will be prioritized and strengthened to deliver support to both national and county partners. Any third party engagements and direct implementation will be applied in agreement with the Government. United Nations agencies will work to strengthen application of the harmonized approach to cash transfers to disburse funds to implementing partners. A joint Government-United Nations macro assessment of the Kenyan public financial management system will be conducted early in the programme cycle. Microassessments of implementing partners and assurance activities will be regularly undertaken, and the results will be documented to inform risk management actions.

53. Programme monitoring will be strengthened through results management and monitoring groups, bringing together different sectors. Progress on programme implementation and results will be monitored through joint review mechanisms, including mid-year and annual reviews with the Government, United Nations agencies and partners. An end-term evaluation of the country programme, along with an evaluation of the UNDAF, will be conducted to assess the programme's contributions to outcomes for children. Adjustments in strategies and programme focus will be informed by real-time data. A detailed four-year research, monitoring and evaluation plan will be prepared.

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Draft area programme document**

Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine

Summary

The draft area programme document (APD) is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $8,800,000 from regular resources, subject to the availability of funds, and $18,423,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2016.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the APD at the 2014 annual session of the Executive Board. The revised APD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data†
(2012 unless otherwise stated)

	State of Palestine	*Palestinians in Syrian Arab Republic (2006)*	*Palestinians in Lebanon (2011)*	*Palestinian refugees registered with UNRWA in Jordan*[d]
Child population *(millions, under 18 years, male/female)*	1.0/1.0	0.2 [d]	0.2 [d]	0.3/0.3
U5MR *(per 1,000 live births)*	23	30 [c]	17 [c]	25
Underweight *(%, moderate and severe)*	4 (2010)	10	5	4
(male/female, urban/rural, poorest/richest)	..	10/10, 11/9, 10/12	5/5, ...	..
Maternal mortality ratio *(per 100,000 live births, adjusted)*	64 (2010)	46 [c]	..	13
Use of improved drinking water sources *(%)*	82 (2011)	73 [c]	72 [c]	100
Use of improved sanitation facilities *(%)*	94 (2011)	97 [c]	98 [c]	93
One-year-olds immunized with DPT3 *(%)*	97 [a]	94 [c]	93 [c]	100
One-year-olds immunized against measles (%)	98 [a]	99 [c]	89 [c]	99
Primary school enrolment/attendance *(%, net male/female)*	90/90 (2011)	98/98	95/97	98/98
Survival rate to last primary grade *(%, male/female)*	100/99 (2011)	98/99	94/97	88/85
Adult HIV prevalence rate *(%, male/female)*	..	..	..	..
HIV prevalence among pregnant women *(%)*	..	..	..	..
Child labour *(%, 5-14-year-olds, male/female)*	7/4 (2010)	2/1	9/6	..
Birth registration *(%, under 5 years)*	99 (2010)	99	99	.. [e]
(male/female, urban/rural, poorest/richest)	99/99, 99/99, 99/100	99/99, 99/99, 99/99	98/99, ...	..
GNI per capita *(US$)*	.. [b]	..	..	..

† More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

[a] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. Estimates disaggregated by sex are available from survey data, as follows: DPT3, male (99%) and female (98%); measles, male (97%) and female (97%), from the Palestinian Family Health Survey, 2006.

[b] Estimated to be lower-middle income ($1,036 to $4,085).

[c] This estimate is not from the standard source used across country programme document (CPD) basic data tables for this indicator, due to a lack of data availability for this population. Thus, this estimate may not be directly comparable with others.

[d] Data from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) are used here in the absence of representative data for this population. Estimates in this column have not been verified and are not comparable with other estimates presented in this or other CPD basic data tables, where estimates are representative of the respective populations.

[e] A birth registration estimate for Palestinian refugees registered with UNRWA in Jordan is not available. According to the latest Demographic and Health Survey in Jordan (2012), the national level of birth registration is 99%, and the level in camps is 100%.

Summary of the situation of children and women

1. In the State of Palestine, 2.7 million people live in the West Bank and 1.7 million in Gaza. Nearly three fourths (74 per cent) of the total Palestinian population resides in urban areas, 17 per cent in rural areas and 9 per cent in refugee camps.[1] About 68 per cent of the population in Gaza receives assistance from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), compared to 30 per cent in the West Bank.[2] The number of long-term Palestinian refugees in the three host countries is 1.9 million in Jordan (33 per cent of the country's population), 460,000 in Lebanon and 500,000 in the Syrian Arab Republic.[3] The Palestinian population is overwhelmingly young, with 45 per cent below 18 years of age and more than 20 per cent adolescents aged 10-18 years (with some country-level variations).

2. The Palestinian Authority has made progress towards achievement of the Millennium Development Goals. However, the daily lives of children and their families are framed within the context of the Israeli occupation, and continue to be marked by poverty and food insecurity disparities, restrictions on the movement of goods and people, and lack of control over and access to natural resources. Reforms in recent years have considerably strengthened national capacities to provide a range of social services to Palestinians, but challenges remain regarding quality and access. The ability of the Palestinian Authority to provide coverage for the people of Gaza, Area C of the West Bank, and East Jerusalem has been severely curtailed.[4] Women and children are most vulnerable to the effects of these challenges.

3. According to UNRWA in the Syrian Arab Republic,[5] 70 per cent of Palestinians have been displaced, with many living in schools and public facilities, and 440,000 requiring urgent humanitarian assistance as a result of the ongoing crisis. Vaccination coverage for children under 5 years of age, especially infants under age 2, has dropped in many districts. Fewer than half of the 23 UNRWA health centres are still functioning. Almost two thirds of the UNRWA schools (76 out of 118) are closed due to damage or insecurity or because they are being used for shelter.[6]

4. In Lebanon, the arrival of additional refugees is exacerbating the resources of communities, and stretching the services supported by the Government of Lebanon and UNRWA. Palestinian refugees are mostly hosted by the poorest communities in Lebanon. The average age of those registered with UNRWA is 25, and 51 per cent are women, 26 per cent are school-age children and 15 per cent are infants.

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[1] Palestinian Central Bureau of Statistics (PCBS), press release on the eve of International Population Day 11/07/2012.

[2] UNRWA figures, 2012: www.unrwa.org.

[3] UNDP, *Human Development Report, 2013*, 'The rise of the South'. Please note that in the Syrian Arab Republic the situation of Palestinian populations is changing rapidly.

[4] Office of the United Nations Special Coordinator for the Middle East Peace Process, 'State Building in the Occupied Palestinian Territory: Opportunities for recovery and development challenges', 2009.

[5] www.unrwa.org/newsroom/official-statements/crossroads-crisis-yarmouk-syria-and-palestine-refugee-predicament; downloaded 11 March 2014.

[6] Syria Humanitarian Assistance Response Plan, January-December 2014. http://www.unocha.org/cap/appeals/syria-humanitarian-assistance-response-plan-sharp-january-december-2014.

5. In the State of Palestine, levels of poverty remain high (39 per cent in Gaza and 18 per cent in the West Bank lives below the national poverty line).[7] The proportion of food-insecure households increased nationally from 25 per cent in 2011 to 34 per cent in 2012 due to the economic slowdown.[8]

6. Children are exposed to various forms of violence. In the State of Palestine, 27 per cent of children aged 2-14 years were subjected to severe physical punishment at home.[9] Some 83 per cent of Palestinian children in Lebanon are subjected to violent discipline at home. Around 52 per cent of children in Jordan are exposed to both physical and verbal violence at school.[10]

7. In the State of Palestine, 40 per cent of women aged 20-24 were married before age 18.[11] The rate of early marriage among Palestinian girls in Lebanon is 19 per cent[12] and in the Syrian Arab Republic is 22 per cent.[13] Among Palestinian refugees in Jordan, 20 per cent of females in camps marry by age 16, and 41 per cent marry between the ages of 17 and 20. Compliance with international juvenile justice standards is progressing at a varying pace, with legal reforms underway in Jordan and the State of Palestine. Children with disabilities have little access to health, education and other development and welfare services.

8. Progress towards achieving Millennium Development Goals 4 and 5 has been good in the State of Palestine. The under-five mortality rate in 2012 was recorded as 23 per 1,000 live births and the infant mortality rate as 20 per 1,000 live births in 2011, equating to a reduction of almost half since 1990, when under-five mortality was 43 per 1,000 and infant mortality was 36 per 1,000.[14] The neonatal mortality rate[15] accounted for 61 per cent of overall infant mortality. Accidents are the leading cause of death for children aged 1-4 years, accounting for 24 per cent of deaths.

9. In the State of Palestine, the stunting rate is 12 per cent for boys and 10 per cent for girls.[16] Rates of exclusive breastfeeding for children aged 0-6 months remain low, at 17 per cent among Palestinian refugees in Lebanon and 29 per cent in the State of Palestine and in the Syrian Arab Republic,[17] and 23 per cent in Jordan.[18] According to one survey, 41 per cent of the Palestinian refugee children aged 6-12 years from the Syrian Arab Republic now in Lebanon reported having consumed only one meal the previous day.[19]

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[7] PCBS, 'Palestine in figures 2012', March 2013.

[8] PCBS, World Food Programme, Food and Agriculture Organization of the United Nations and UNRWA, 'Socio-economic and food security survey, West Bank and Gaza, Palestine', 2012.

[9] PCBS, 'Palestinian family survey', 2010. The survey defines violent discipline as "psychological aggression" or "physical punishment".

[10] UNICEF Jordan, 'Violence against children study', 2007.

[11] PCBS, 'Palestinian family survey', 2010.

[12] MICS 4, Palestinians in Lebanon, 2011.

[13] Palestinians Living in Syria multiple indicator cluster survey, 2006.

[14] United Nations Inter-agency Group for Child Mortality Estimation. Data including 1990 baseline from: *'Levels and Trends in Child Mortality (2011 data)'*, 2012 Report, IGME.

[15] PCBS, 'Palestinian family survey', 2010.

[16] Ibid.

[17] Data for Syrian Arab Republic is dated 2006, and progress on indicators has been negatively affected by the conflict.

[18] Jordan Demographic and Health Survey, 2012.

[19] UNRWA/World Food Programme survey in Lebanon, October 2013.

10. Access to safe, sufficient and affordable water continues to pose a major challenge for children and their families in the State of Palestine. In Gaza, only 14 per cent of households have access to safe drinking water and only a quarter of wastewater is treated. Due to the deterioration and contamination of the coastal aquifer, desalination of sea water has become the only viable option for safe drinking water supply for Gaza. The ability of the Palestinian Authority to transfer water to areas facing shortages is severely curtailed.

11. The high value placed on education over several decades has resulted in high net enrolment and attendance rates and gender parity. Basic education is free and compulsory for Palestinian refugees in Jordan and the Syrian Arab Republic, and they have access to both public and UNRWA schools. However, the current crisis has led to stagnating enrolment rates and high dropout rates in the Syrian Arab Republic and among the recent Palestinian refugee populations in Jordan and Lebanon. In the Syrian Arab Republic, 47,000 Palestinian students of 66,000 were enrolled in 2013/2014.[20]

12. Young people drop out of school in the upper primary and lower secondary grades. In the State of Palestine 16 per cent of students who enter grade 1 drop out before reaching grade 10. The reasons for dropping out are related both to the school environment and to family socioeconomic situations. More boys than girls drop out at secondary and tertiary levels, but girls' higher educational achievement does not always translate into better employment options.

13. In the State of Palestine, the national early childhood development (ECD) strategy was endorsed by the Ministry of Education and Higher Education in 2013. Preschool classes are being institutionalized in the formal education system. In Lebanon, according to the 2011 multiple indicator cluster survey (MICS), only 57 per cent of Palestinian refugee children aged 36-59 months were attending preschool.

Key results and lessons learned from previous cooperation, 2011-2014

(a) Key results achieved

14. **New or enhanced policies and legislation**. The Palestinian Authority has integrated the provisions of the Convention on the Rights of the Child into its relevant legal frameworks, including the amended Child Law, which was enacted in 2013, providing additional protection for children.[21] With UNICEF support the juvenile justice strategic framework, the policy of non-violence and discipline in schools, the social protection sector strategy and the national ECD strategy were finalized and adopted in 2013. Working with the Palestinian Authority and civil society partners, UNICEF provided support for capacity development, technical advice, resource mobilization and policy advocacy.

[20] UNRWA - Syria Regional Crisis Response January to December 2014, http://www.unrwa.org/sites/default/files/2014_syria_emergency_appeal.pdf; information downloaded 30 March 2014.

[21] United Nations, Report of the Secretary-General, 'Assistance to the Palestinian people' (A/68/76-E/2013/65).

15. **Evidence and knowledge**. One of the main achievements of the area programme was the production and dissemination of studies and surveys, including on equity and disparities, to facilitate better targeting of services and policies. The 2010 Palestinian Family Survey was finalized and the MICS5 was initiated with the Palestinian Central Bureau of Statistics PCBS. The national survey on micronutrients and anaemia, the first survey of such magnitude to be conducted by the Ministry of Health, was completed in 2014. The study will provide a baseline for micronutrient deficiencies and will inform Ministry of Health strategic plans as well as communication strategies for behaviour change. In Jordan, the Department of Statistics, in collaboration with UNICEF and other partners, completed the 2012 Population and Family Health Survey, which provides comprehensive child and maternal health data, including on Palestinians. In Lebanon, a MICS was conducted in camps and gatherings in 2011 and launched in December 2012.

16. UNICEF and partners have generated data on the situation of Palestinian children in detention. The study on 'Palestinian Children in Israeli Military Detention' was released in early 2013 following a process of verification and engagement with multiple stakeholders. The study reviewed the treatment of Palestinian children from the West Bank in Israeli military detention. It offered practical measures to uphold child rights and support improvement of justice and protection of children according to international standards. The subsequent engagement and dialogue on the issue resulted in the decision of the Government of Israel to pilot test the use of summonses in lieu of night arrests, starting from February 2014. A study on children in detention in the Palestinian Authority justice system has also recently been completed. Actions in this area will be dealt with as part of ongoing UNICEF work supporting justice for children. In Jordan, a youth national survey, which also covered Palestinian youth, helped inform the national youth strategy action plan.

17. **Systems strengthening**. Technical support was offered to assist governments and partners to build capacities of service providers to deliver high-quality services aligned with international standards. In the State of Palestine, UNICEF supported the Ministry of Health in developing and adopting the first national marketing code for breast-milk substitutes, which will be the main regulatory tool to control the local and private market for these substitutes. In addition, UNICEF supported the Ministry of Social Affairs to strengthen the 13 multidisciplinary child protection networks and to develop a national protocol for the referral of children in need of protection. In Jordan, UNICEF supported the introduction of U-CAN (UNICEF Change Agents Network), an innovative tool to promote the participation and civic engagement of youth. U-CAN and other youth organizations were key to the success of the November 2013 immunization campaign, which reached over 1 million children. Furthermore, a child protection case management service system was operationalized in the Marka camp and replicated in other camps.

18. **Humanitarian action**. In the aftermath of the hostilities that escalated in Gaza in late 2012, UNICEF provided medical supplies and non-food items, supported the repairs of water supply networks, rehabilitated damaged schools, and carried out a mine risk education campaign. Teams were deployed to provide psychosocial support to children impacted by the hostilities in Gaza, and identified through the UNICEF-led rapid psychosocial assessment. UNICEF continued to lead the water, sanitation and hygiene (WASH) and education clusters and the Child Protection

Working Group. In 2013-2014 efforts are being made to build the capacity of local authorities in these areas.

19. In Lebanon, UNRWA and UNICEF provided primary and secondary health services to more than 330,000 Palestinian refugees (280,000 from Lebanon and 50,000 from the Syrian Arab Republic) through 27 UNRWA health centres. As part of the winter response in Lebanon, UNICEF provided approximately 250,400 Lebanese, Palestinian and Syrian children with winter clothing, clothing vouchers, supplies and heating in 2013. In the Syrian Arab Republic, UNICEF and partners reached over 19,500 adolescents through UNRWA adolescent-friendly spaces in Palestinian camps and UNRWA school clubs.

(b) Lessons learned

20. The quality of programmes improved as a result of efforts invested in expanding partnerships and in improving coordination in the identification of gaps, establishment of priorities, and defining indicators to assess progress.

21. The evaluation of the adolescent development and participation (ADAP) programme[22] highlighted the benefits in helping adolescents become more empowered and to act as agents of positive social change. As demonstrated in the State of Palestine, it is important to tailor programmatic approaches and strategies to the different needs of adolescent boys and girls. Furthermore, work with adolescents has to be complemented by efforts to promote an environment that is receptive to and encouraging of participation by young people.

The area programme, 2015-2016

(a) Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Education			
State of Palestine	420	2 400	2 820
Lebanon	500	400	900
Syrian Arab Republic	280	120	400
Jordan	200	140	340
Child protection			
State of Palestine	500	3 700	4 200
Lebanon	500	400	900
Syrian Arab Republic	100	50	150
Jordan	350	210	560

[22] UNICEF Middle East and North Africa Regional Office, 'The Right to Participation — Adolescents: Agents of positive change', 2011.

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Adolescent development and participation			
State of Palestine	380	1 509	1 889
Lebanon	350	340	690
Syrian Arab Republic	150	80	230
Jordan	350	210	560
Health and nutrition			
State of Palestine	390	980	1 370
Lebanon	350	260	610
Syrian Arab Republic	330	180	510
Jordan	100	70	170
Water, sanitation and hygiene			
State of Palestine	320	5 200	5 520
Social policy and evidence			
State of Palestine	830	180	1 010
Cross-sectoral			
State of Palestine	1 860	1 554	3 414
Lebanon	200	300	500
Syrian Arab Republic	240	70	310
Jordan	100	70	170
Total	**8 800**	**18 423**	**27 223**
State of Palestine	**4 700**	**15 523**	**20 223**
Lebanon	**1 900**	**1 700**	**3 600**
Syrian Arab Republic	**1 100**	**500**	**1 600**
Jordan	**1 100**	**700**	**1800**

(o) Preparation process

22. The APD has been developed following consultations with the Palestinian Authority and key counterparts based on their development priorities and strategies. The APD was informed by recommendations from programme evaluations and studies that were important to guide strategy development and refinement of priorities. In Jordan, Lebanon and the Syrian Arab Republic, consultations with UNRWA and national partners were held and agreement on priorities was reached, taking into account the analysis and priorities outlined in the Syria Humanitarian Assistance Response Plan and the Regional Response Plan. In the State of Palestine, a range of evaluations and studies and a comprehensive situation analysis were critical inputs to the establishment of priorities.

23. UNRWA is a key partner for UNICEF in Jordan, Lebanon and the Syrian Arab Republic. A memorandum of understanding has been signed with UNRWA to support recently displaced Palestinian refugees from the Syrian Arab Republic as well as Palestinian refugees in Lebanon. The memorandum will further strengthen

coordination of interventions and the monitoring of results. In Jordan, the collaboration with UNRWA is focused on a range of programmatic initiatives in Palestinian refugee camps at both strategic and service delivery levels as well as improved monitoring systems.

(c) Programme components, results and strategies

24. The overall goal of the area programme is to improve access to basic services, the protective environment and social inclusion for Palestinian boys, girls and women. This will be achieved through (a) capacity development of national and civil society partners, with a focus on legislation and social service systems strengthening; (b) research that contributes to knowledge and evidence informing social policy and social protection for children; (c) interventions that directly address barriers to equity for vulnerable and marginalized communities; and (d) support to both sustain and encourage resilience to address vulnerabilities.

25. Social inclusion will be advanced in the key sectors of education, child protection and adolescent development and participation. Specific interventions in the health and nutrition sector will also be carried out. In the State of Palestine, WASH and social policy will also be addressed as priority areas.

26. This two-year programme will build on ongoing successes and lessons learned. It will also respond to the specific vulnerabilities of Palestinian refugee children affected by the conflict in the Syrian Arab Republic, Lebanon and Jordan, with an emphasis on access to basic services. The programme design has taken into consideration both development and humanitarian needs, with a special focus on the rights of the most vulnerable and excluded children.

Education

Outcome 1: Vulnerable children benefit from improved access to learning opportunities from preschool to completion of basic education.

27. The education component will focus on boys and girls from early childhood (4 to 6 years of age) through adolescence (up to 18 years). Throughout the area, the programme will focus on early childhood learning and access to basic education and learning opportunities. In the State of Palestine and Jordan, it will provide technical support to include children with disabilities in education and promote a violence-free environment.

28. UNICEF will support these initiatives by introducing innovative methods and tools for remedial education and access to basic formal education. It will provide high-level technical expertise to improve inclusive education, in particular targeting the most vulnerable children and those with disabilities. Gender equality will be promoted by taking into account gender-specific issues in the design of interventions.

29. In the State of Palestine, this component will focus on strengthening capacity. Support to teachers and school administrators will ensure that preschools and primary schools welcome children with disabilities. It will also provide guidance for the implementation of the policy of non-violence and discipline in schools. Within the context of the recently adopted ECD strategy partners will be monitored and trained in order to increase the services available for preschool-aged children (4-6 years). In addition, capacities will be strengthened to plan and monitor quality

and inclusive education and to implement the school management information system and improve coordination.

30. In the Syrian Arab Republic, UNICEF and partners will jointly roll out a self-learning programme, which aims to increase access to basic education for the most vulnerable children. Technical support will be provided to increase access to community-based ECD services for Palestinian children in the country.

31. In Lebanon, UNICEF will support access to quality ECD services through provision of supplies and capacity-building of the staff of non-governmental partners who provide the services. Remedial classes for children will be offered at UNRWA schools and at centres supported by other partners. UNICEF will also support the skills building of staff who supervise remedial learning for Palestinian refugee boys and girls in grades 1 to 8.

32. In Jordan, with technical assistance from UNICEF, UNRWA and the Ministry of Education will implement an action plan for providing quality and inclusive education in UNRWA community-based rehabilitation centres and schools. The plan will use a disability-related situation analysis in all official and unofficial camps as a basis for designing and implementing appropriate and effective responses by different stakeholders. To address high dropout rates, particularly of girls, UNICEF will also support violence-free schools in camps and conduct behavioural change campaigns on prevention of early marriage and corporal punishment.

Child protection

Outcome 2: Girls and boys increasingly benefit from improved child protection systems for prevention of and response to violence, abuse, exploitation and neglect.

33. This component covers the entire geographic area of the programme. UNICEF will work with national and subnational partners to ensure that more children are protected from violence through improved capacity of partners and service providers to detect, prevent and respond to acts of violence against children. It will also engage with communities to raise their understanding of how to prevent violence. Prevention of violence against children will require strong cross-sectoral collaboration, involving authorities and experts on education, health and adolescence. For example, collaboration between child protection and health officials and their ministries will be needed, where a policy and subsystem are to be developed to detect, refer and report cases of violence and abuse against children.

34. A focus in the State of Palestine programme will be on developing national capacities to provide child protection services. This includes strengthening psychosocial services, building on good practices already being implemented. UNICEF will support implementation of the amended Child Law and increase capacities to legislate, plan and operationalize coordinated approaches to child protection. UNICEF will also support implementation of the Juvenile Protection Law to protect children in conflict with the law. Violations of child rights will require ongoing support to multiple partners to document grave violations against children and to protect them from armed conflict.

35. In Lebanon, UNICEF will strengthen response and preventive interventions in child protection and gender-based violence services. Child protection systems in the camps will be mapped and case management and referral systems established. Capacity-building support will be extended to UNRWA and Palestinian

non-governmental organizations (NGOs) to manage and refer cases involving child protection abuses and gender-based violence. UNICEF will involve a range of community members in providing psychosocial support services.

36. In Jordan, the programme will support students, teachers, principals, parents and members of the wider community, including in Palestinian refugee camps, to transform their schools to become more inclusive, safer and free of violence. This will involve a programme of capacity development. Particular attention will be given to changing social norms on violence against children in schools through a communication for behaviour change campaign. It will build on lessons from the Ma'An campaign against school violence. The programme will continue to strengthen the capacity of UNRWA to assess and respond to vulnerable Palestinians' needs for protection by replicating the successful model for multidisciplinary case management teams, which was previously implemented in the Marka camp. Special attention will be extended for protection and rehabilitation of abused children, children deprived of parental care and children in conflict with the law.

37. In the Syrian Arab Republic, a two-pronged approach will be adopted involving both prevention and response to the most pressing protection needs by raising awareness and building capacity. UNICEF will provide psychosocial support to Palestinian children by supporting the establishment of fixed and mobile child-friendly spaces and training young community volunteers in psychosocial support. For prevention, a child protection awareness campaign, which will also reach out to Palestinian children and communities, will address gender-based violence, child recruitment and prevention of family separation, among other issues. In partnership with UNRWA, the mine risk education module will be introduced in UNRWA schools and other schools attended by Palestinian children. In addition to UNRWA, UNICEF will partner with the Palestinian Red Crescent and other Palestinian NGOs.

Adolescent development and participation

Outcome 3: Adolescent girls and boys are enabled to contribute to community and national development and make a productive transition to adulthood.

38. This programme component, which covers the entire geographic area of the area programme, aims to further develop policies and partnerships that recognize the importance of constructive engagement with adolescents (primarily aged 10 to 19 years). An important aspect of the programme is to help them acquire skills and competencies for positive participation in their societies and to provide opportunities that support the transition to adulthood.

39. UNICEF will contribute to promoting youth and adolescent empowerment and participation through innovative means of communication and capacity-building. The latter will include support to youth-led initiatives and those aimed at building entrepreneurial and life skills. In Jordan and State of Palestine, a strong communication for development effort will be undertaken to promote greater acceptance of and engagement by policymakers with young people.

40. In the State of Palestine, adolescent programming will build on the achievements from the previous cycle. It will shift the focus to provide adolescents with opportunities to be empowered to make decisions that will influence their transition to adulthood. The programme will, in a gender-sensitive manner, use innovative approaches including social media and the arts to promote healthy

lifestyles and learning opportunities. Partner capacities will be developed to implement the action plan for national standards for adolescent and youth centres.

41. In the Syrian Arab Republic, the capacities of partners, including local NGOs, will be enhanced to provide lifeskills programming to adolescents and promote their participation in developing and delivering community initiatives.

42. In Lebanon, UNICEF will make special efforts to increase engagement of the most marginalized and vulnerable adolescents. Together with UNRWA, UNICEF will scale up and institutionalize successful initiatives in the camps, and provide opportunities for volunteerism and internships.

43. In Jordan, the programme will offer expanded civic engagement and leadership opportunities to Palestinian youth and adolescents in the camps, especially to the most marginalized and vulnerable. The programme will roll out the lifeskills manual in adolescent-friendly spaces, UNRWA schools and community-based organizations. Ongoing support for networking among adolescents will be expanded through the 'U-CAN' network, in which adolescent change agents will participate in planning and evaluating programme activities through social media and other means.

Health and nutrition

Outcome 4: Women and children, especially the most vulnerable and marginalized, increasingly use improved maternal, child health and nutrition services, and apply improved health practices.

44. Across the area programme, this component will aim to increase provision of and access to maternal and child health services and promotion of appropriate infant and young child feeding practices that incorporate breastfeeding, as well as healthy nutrition, especially in early childhood.

45. UNICEF will support capacity development interventions targeting health professionals from ministries of health and/or NGOs, UNRWA and other local partners. It will also aid communication for development initiatives across a range of communities and refugee camps and among displaced populations in Jordan, Lebanon, the State of Palestine and the Syrian Arab Republic.

46. In the State of Palestine, a focus on communication for development will be applied to strengthen home-based care as part of the Baby-Friendly Hospital Initiative and neonatal health care services established during the previous cycle. Behavioural change and communication interventions targeting vulnerable communities and marginalized areas will be used to address non-communicable diseases and injury and accident prevention. Technical assistance will be refocused to support systems and capacities to ensure that supply chains are functioning. The objective is to complete the final phase of handing over the procurement processes for the national Expanded Programme on Immunization.

47. In the Syrian Arab Republic, the focus will be on improving access to health services to internally displaced Palestinian families living in Syrian host communities and to refugees living in camps, by building the capacity of local partners including NGOs and promoting service delivery. Preventing malnutrition among young children and raising families' awareness of the importance of breastfeeding and proper complementary feeding for young infants will be a key emphasis.

48. In Lebanon, UNICEF will strengthen the capacity of UNRWA, as the primary provider of health services to Palestinian refugees, to address the bottlenecks in improving the quality and coverage of immunization and nutrition services to children and women living in the camps. This will be done by expanding provision of vaccines and immunization supplies, vitamin A and oral rehydration salts. To address the critical issue of anaemia and malnutrition among newborns, UNICEF will support the UNRWA supplementary feeding programme for pregnant women and breastfeeding mothers. It will also organize information sessions for pregnant and lactating Palestinian women about breastfeeding, child feeding and care practices, and anaemia.

49. In Jordan, emphasis will be given to targeted capacity-building of health providers based in refugee camps, emphasizing the integrated management of childhood illness for children under 5 years of age. Capacity development will include establishment of guidelines for infant and young child feeding and maternal and child health. Pregnant women and mothers will improve their knowledge of the benefits of breastfeeding and learn about proper child feeding practices and better parenting approaches.

WASH

Outcome 5: Children and their families increasingly benefit from access to safe and affordable water and sanitation and adopt improved hygiene practices.

50. Implemented only in the State of Palestine, this programme component aims to support national capacities in planning, budgeting and managing the equitable delivery of safe water and sanitation systems. This will be done through three areas. First, continued support to achieve the optimal effectiveness of the Palestinian Water Authority's water information system for water and sanitation management. Humanitarian coordination functions will continue to be transitioned to national authorities for both sudden- and slow-onset crises involving access to safe water and sanitation. UNICEF will continue to advocate for environmentally sustainable approaches for increasing access to water.

51. Second, the successful WASH in Schools initiative will be extended into a second phase. Evidence on successful practices and lessons learned on WASH in schools will be obtained from a planned evaluation of the project and from a study on knowledge, attitudes and practices study on WASH in Schools.

52. Third, the large-scale sea water desalination project in Gaza, supported by UNICEF and partners, will complete phase one and potentially expand into phase two. Behavioural change communication and hygiene awareness will continue to be integrated into all infrastructure activities.

Social policy and evidence

Outcome 6: Children increasingly benefit from an improved policy environment based on research and data.

53. This programme component will be implemented only in the State of Palestine, with a focus on building the capacities of authorities to legislate, plan and budget for inclusive social policy and social protection for children. UNICEF will continue its role as technical advisor to the Social Protection Sector Working Group as well as the lead agency for the UNDAF social protection theme group. Through

cooperation with the Ministry of Social Affairs, key donors and implementing agencies, this component will engage in and influence policy dialogue and advocacy related to UNICEF programming interventions.

54. The strong partnership with the Palestinian Central Bureau of Statistics will continue to be pivotal. The focus will be on increasing the capacity of the Palestinian Authority to manage research and analysis related to priority issues affecting children.

Cross-sectoral

55. Despite the small geographic area covered by the area programme, the complexities of the political and operational environment, in terms of the ongoing occupation and regional political instability, require strong cross-sectoral support. Heightened focus on security is crucial in a context in which major and minor conflicts threaten the safety of staff and assets. Cross-sectoral costs also cover supply management, routine administration, finance and human resources and support for information and communication technologies.

Relationship to national priorities and the UNDAF

56. The APD is aligned with the first UNDAF for the State of Palestine (2014-2016). The Palestinian National Development Plan 2014-2016 is a key reference, as is the 2013 situation analysis prepared by the Ministry of Planning and Administrative Development and UNICEF. The outcomes included in the relevant UNDAFs encompass several priorities of the UNICEF Strategic Plan, 2014-2017: health, education, nutrition, WASH and protection of children and women. The area programme has been informed by key priorities outlined in relevant sector strategies and programme working groups.

57. Across the area programme and especially in Jordan, Lebanon and the Syrian Arab Republic, the situation requires a dual focus on development and humanitarian approaches to meet immediate needs. The 2014 Syria Humanitarian Response Plan and the Regional Response Plan were important references in this context.

Relationship to international priorities

58. Programme priorities are informed by the Convention on the Rights of the Child, Convention on the Elimination of all Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and the Millennium Development Goals and Millennium Declaration. Where relevant they are also informed by Security Council resolutions 1612 (2005), 1882 (2009) and 1998 (2011) on children affected by conflict.

Major partnerships

59. UNICEF maintains strong partnerships with the Palestinian Authority and national authorities, and with UNRWA across the area programme. Both the United Nations country team and the humanitarian country team in the State of Palestine are forums for further promoting partnerships in pursuit of important results. Other key stakeholders include Red Crescent societies and a range of NGOs and civil society and faith-based organizations.

Monitoring, evaluation and programme management

60. Each country office will monitor the performance of its component of the area programme by developing monitoring and evaluation plans focused on measuring progress towards the achievement of its outcomes. Joint studies and evaluations will be conducted as appropriate. In Lebanon a number of innovative monitoring tools have been developed for facilitating monitoring and reporting in the context of humanitarian interventions, and these can be adapted to the development context for use by other country offices and partners. These tools include online partner tracking and monitoring and data collection using tablets and smartphones to enhance rapid data entry and analysis for quick action.

61. Considering programmatic synergies across the area, there are opportunities for closer collaboration among the four offices, ranging from joint efforts on communication for development campaign materials to resource mobilization and fundraising efforts. The APD also offers a common platform for reporting and conducting joint communication and advocacy efforts.

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Draft country programme document**

Tunisia

Summary

The draft country programme document (CPD) for **Tunisia** is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of **US$ 4,540,000** from regular resources, subject to the availability of funds, and **US$ 5,000,000** in other resources, subject to the availability of specific-purpose contributions, for the period 2015-2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Please recycle

Basic data[a] *(2012 unless otherwise stated)*	
Child population (*millions, under 18 years, male/female*)	1.6/1.5
U5MR (*per 1,000 live births*)	16
Underweight (*per cent, moderate and severe, 2008*)	2
(*per cent, male/female, urban/rural, poorest/richest*)	3/1, 2/2, 3/2
Maternal mortality ratio (*per 100,000 live births, adjusted, 2010*)	56
Use of improved drinking water sources (*per cent, 2010*)	96
Use of improved sanitation facilities (*per cent, 2010*)	90
One-year-olds immunized with DPT3 (*per cent*)	97[b]
One-year-olds immunized against measles (*per cent*)	96[b]
Primary school enrolment/attendance (*per cent, net, male/female, 2008*)	98/98
Survival rate to last primary grade (*per cent, male/female, 2008*)	97/96
Adult HIV prevalence rate (*per cent, 15-49 years, male/female*)	<0.1/<0.1
HIV prevalence among pregnant women (*per cent*)	..
Child labour (*per cent, 5-14 year olds, male/female, 2011-2012*)	3/2
Birth registration (*per cent, under 5 years of age, 2011-2012*)	99
(*per cent, male/female, urban/rural, poorest/richest*)	99/100, 100/98, 98/100
GNI per capita (*US$*)	4,150

[a] Additional data on children and women as well as detailed methodological notes on estimates are available on the website www.childinfo.org/.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. Gender-disaggregated data are as follows, according to the Multiple Indicator Cluster Survey (MICS), 2011-2012: with regard to DPT3, male: 94 per cent; female: 99 per cent; with regard to measles, male: 94 per cent; female: 95 per cent.

Summary of the situation of children and women

1. In January 2014, three years after the revolution, Tunisia adopted its new Constitution, establishing the bases for a democratic State: checks and balances, decentralization, increased parity within governance institutions, and preservation of the civil character of the State. The addition of an article on the rights of the child to the Constitution constitutes a further considerable achievement. The transitional period weakened the country, which in 2013 experienced a slowdown in its economic recovery, high unemployment among the young and the continuation of regional disparities, causes of social tension. These difficulties could have an impact on the performance of the social sectors and affect the most vulnerable groups, particularly children. A Government consisting of independent persons has been designated and entrusted with leading the country to legislative and presidential elections.

2. Reducing the vulnerability of broad sections of the population is one of the main challenges faced in the new national context. Extensive reforms are necessary. Analysis of multiple hardships affecting children and other assessments and studies reveal that the protection systems and social sectors have failed to diminish significantly the regional disparities by type of area or socio-economic level.

3. MDG 2, which concerns education, has been attained, with almost universal school enrolment of children aged 6-11. MDG 3, which concerns gender parity at all levels of education, has also been achieved, although girls still drop out in rural areas and a greater number of boys drop out at the levels of secondary and higher education. Analysis of dropping out of school (involving 100,000 school-age children in 2013)[1] highlights the inadequate quality of available education and the lack of effective systems of governance at all levels. Difficult transition to secondary school is behind many school failures, particularly among boys. The quality of scholastic achievement is below expectations, school inclusion of children with disabilities remains low (1,634 in 2012)[1] and the effectiveness and impact of reforms have been limited. Access to preschool education is partial (44 and 79.5 per cent among children aged, respectively, 3-4 and 5-6)[2] and characterized by deep social and geographic disparities (with wealthy- versus poor-household rates of, respectively, 81 and 13 per cent among 3-4 year-olds).

4. Under-5 mortality (U5MR) has declined steeply since 1990 and therefore the attainment of MDG 4 by 2015 is plausible. Efforts aimed at reducing neonatal mortality, which accounts for two thirds of infant deaths, must increase. Indicators reveal significant progress in antenatal care and deliveries in health establishments, particularly in the most disadvantaged regions.[3] However, maternal mortality remains a major challenge, and if MDG 5 is to be attained, the Government must take drastic measures, particularly in rural areas. Routine information management is not adapted to decision-making regarding the prevention of mothers' deaths. HIV/AIDS prevalence is low in the population as a whole but exceeds 5 per cent[4] in certain key groups, which is characteristic of a concentrated epidemic. Programmes for maternal and child health and for HIV/AIDS prevention remain vertical and the lack of integration constitutes a major obstacle to universal access of mothers and children to quality services.

5. Progress achieved with respect to the protection of children concerns the legislative environment, the withdrawal of the last reservations to the United Nations Convention on the Rights of the Child and the enhancement of basic services. Certain problems persist. Thus, the law is not effectively implemented and practices that do not respect children's physical integrity or morals continue. Girls and boys still suffer parental violence (approximately one third of children aged 2-14 years are victims of physical violence).[2] Physical violence also takes place within institutions and at school. The number of juvenile delinquents (mainly boys), which has been stable in recent years, and the high rate of recidivism reveal a relative failure of social and family rehabilitation. Although the number of children in institutions has not increased, the duration of institutionalization has become longer. Bottlenecks occur as a result of the lack of alternative methods (release under supervision, for instance), insufficient information and networking among actors, strong centralization and low quality of services, particularly in disadvantaged regions.

[1] *Source*: Ministry of Education.

[2] Multiple Indicator Cluster Survey (MICS) 4, 2011-2012.

[3] MICS show for instance that in the period 2006-2012 the proportion of pregnant women having had more than four antenatal consultations increased from 44.3 to 83.3 per cent in the Kairouan governorate and from 66.8 to 85.1 per cent at the national level; and of those having given birth in a health establishment, increased from 70.8 to nearly 100 per cent in the Kasserine governorate and from 94.5 to 98.5 per cent at the national level.

[4] *Source*: Ministry of Health.

6. Progress achieved with respect to access to leisure activities concerns essentially the infrastructure. However, access to leisure activities is characterized by inequality based on the area of origin and on gender (to the detriment of girls), the library use rate is low, and the quality of media programmes for children calls for improvement. Adolescents and young persons, particularly girls, or approximately one third of the population, do not sufficiently participate in public life. The key role they played in the revolution has not translated into paying greater attention to their views within the family, the school and civil society. Many associations are still dominated by adults.

7. In June 2010, improvements in the situation were noted in the concluding observations of the Committee on the Rights of the Child on the third periodic report of Tunisia. The Committee confirmed however the need for additional efforts to improve the pre-school enrolment rate and the quality of education, to reduce the school abandonment rate and the number of children in institutions and to introduce alternatives to detention for adolescents in conflict with the law. In October 2010, the Committee on the Elimination of Discrimination against Women recommended withdrawing all reservations to the Convention (which was partially done in 2011) and adopting a strategy aimed at eliminating patriarchal attitudes and discriminatory stereotypes with respect to women.

Key results and lessons learned from previous cooperation, 2007-2014

Key results

8. Advocacy, in which UNICEF actively engaged during the transitional period and which was supported by public institutions, associations, the media and parliamentarians, led to adding to the new Constitution an article reaffirming the basic principles of the United Nations Convention on the Rights of the Child and recognizing that children have rights, that the family and the State are guarantors of those rights and that children's best interest must, without any discrimination, guide any decision related to them. That advocacy also helped to set up an independent mechanism to monitor the rights of the child. Partnerships have been formed with the emerging civil society, with training institutes for journalists and with media regulation authorities to promote respect for the rights of the child.

9. The Multiple Indicator Cluster Survey, 2011-2012 (MICS 4) and the national Multiple Overlapping Deprivation Analysis (N-MODA) approach provided the first disaggregated data available since the revolution. They highlighted considerable social and geographical disparities affecting children and led to policy proposals for combating child poverty. The results of the evaluation of national plans for the support of needy families (particularly through education allowances) and of health districts will serve as a basis for reform proposals concerning social-protection and health systems. Moreover, teachers have been consulted and planning capacities have been enhanced in support of education reform.

10. The strategy of targeting activities promoting mother and child health in disadvantaged regions (particularly in the Centre-West), which has been adopted by the Ministry of Health and supported by UNICEF since 2000, has been continued, thanks to specific support in the areas of diagnosis, capacity-building and outreach

work and has improved the coverage of services. In addition, HIV/AIDS testing centres have been set up in all regions of the country and a national mother-to-child transmission prevention (PMTCT) strategy has been launched through four university centres. The creation of an information system on youth has begun and the participation of young persons in discussions of policies that concern them has been encouraged through partnership between the Ministry of Youth, the National Observatory on Youth, and non-governmental organizations (NGOs). Moreover, a project for the prevention of drug addiction in schools has been launched in cooperation with the Ministry of Health.

11. Activities in the area of pre-school education have received new stimulus. Feasibility studies on generalizing the last pre-school year and expanding it in disadvantaged areas have identified political options that are more egalitarian. The school inclusion strategy has been revised to ensure the access of disabled children to ordinary schools, while support is currently made available for the first phase of implementation of that strategy. The integrated "child-friendly school" model has been tested and adopted. New impulse has been given to the fight against dropping out of school, on the basis of studies that have provided insights into the extent, gender-specific dimension and other characteristics of the phenomenon.

12. In the area of child protection, considerable progress has been made through the action plan against violence, the enhancement of the capacities of actors and the establishment of information systems. Thus, 70 per cent of children reported to child protection staff are assisted in accordance with the law and two thirds of children born out of wedlock and placed in an institution in 2012 have been integrated as appropriate or placed with a foster family. A three year programme of support for the improvement of the juvenile justice system has been launched with European Union support.

Lessons learned

13. Since the mid-term review and thanks to opportunities created after the revolution, various evaluations of programmes, reviews, studies and discussion papers have helped to draw lessons useful for future plans and have kindled partners' interest in policy and strategy assessments as discussion inputs regarding reforms that the country intends to launch.

14. Inadequate intra- or intersectoral coordination, extensive centralization and programme verticality have been identified as cross-cutting constraints. Note has also been made of insufficient pilot implementation of programmes and of the inadequacy of information systems in view of the constantly changing situation of children, particularly those most vulnerable. In-service training of service providers seems to have a limited and short-lived impact. It should be planned on the basis of partnerships with universities, should be included in national budgets and should make use of information technologies. Moreover, it has been observed that children, adolescents, young persons and parents do not participate in the formulation, implementation and evaluation of policies and programmes that concern them.

15. Evaluation of the "child protection" component has shown its relevance but has revealed insufficient targeting, effectiveness and impact in terms of reducing violence or institutionalization. It has also highlighted the low quality of services, the limited application of care standards regarding children in conflict with the law,

the lack of legislative measures for child victims, the insufficiency of activities targeting the family and the lack of information conducive to social change.

16. Analysis of the gender component has shown that relevant concepts are well understood but gender considerations are inadequately mainstreamed into programmes. Rapid examination of the education component has confirmed the relevance of support for national plans aimed at equity but has revealed their limited effectiveness. Such reviews have underscored the need for creating partnerships with civil society, parents, communities, the media and organizations for the defence of the rights of children and women in order to strengthen advocacy of equity, gender equality and fair treatment of vulnerable groups.

17. Support has been provided for evaluations and discussions regarding such national plans as the national programme for the development of health districts (PNDCS) and the programme for social activities for schools (PASS). Such reviews have revealed the inadequate implementation of recommendations set forth in earlier evaluations, pointed to a context currently more conducive to eliminating constraints, and recognized the relevance, variable effectiveness and weak sustainability of the programmes in question.

18. Lessons have also been drawn from the response to the 2011 massive influx of migrants (including families) at the Libyan border. That emergency highlighted the need for better preparation for such crises and disasters, readjustment of existing national systems so as to handle emergencies and enhancement of the population's resilience.

Country programme, 2015-2019

Summary budget table

	(Thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Equitable social and health policies	1 350	700	2 050
Quality education for all children	1 200	2 300	3 500
Protection of children and adolescents	1 200	1 800	3 000
Intersectoral component	790	200	990
Total	**4 540**	**5 000**	**9 540**

Preparation process

19. This programme has been prepared on the basis of discussions held since the 2010 mid-term review and of the recommendation to adapt the programme to the situation of Tunisia, as a medium-income country with considerable human development and a high capacity to ensure its own development. In that framework, account has been taken of challenges and opportunities resulting from the national context in the wake of the revolution and identified in the observations of human rights treaty bodies and in recent studies, surveys and evaluations.

20. The above discussion benefited also from broad consultations with the partners in late 2013. In those consultations, the situation in each area was examined on the basis of an analysis of relevant determinants, which aimed at identifying key

bottlenecks and obstacles impeding the attainment of outcomes fair to children and the adoption of priorities for action.

Programme components, key expected results and strategies

21. The programme is based on a vision guided by equality and justice and aimed at ensuring that all children and adolescents, regardless of gender, have access to the same rights. Its goal is to contribute to improving access of the poorest and most vulnerable children, particularly in the most disadvantaged regions, to effective social protection and to quality health, education and welfare services, and to promoting their participation in all activities. Programme components have been selected to respond as strategically as possible to the main disparities affecting children, by eliminating the bottlenecks identified.

Component entitled "Equitable social and health policies"

22. This component addresses common obstacles identified in order to create an environment conducive to reducing deprivation and disparities affecting children. It aims at ensuring that social reforms target, as a matter of priority and regardless of gender, the most vulnerable children and adolescents and that their rights are addressed more effectively in national, regional and local policies, strategies and programmes of development, through the three major contributions described below.

23. First, the processes of reforming the social protection system and the social sectors will be supported by advocacy of the new economic development plan, the sectoral policies and the national plan for children as means for addressing the rights of the child and equity issues. To that end, the programme will require innovative methodological tools developed during the last period (inter alia, N-MODA, child impact analyses and social budgeting) and rely on experience acquired in other countries in the framework of South-South cooperation. Discussion on financing social protection and policies for children and on the impact of tax reform and subsidies on children will be central to this component.

24. Second, the national decentralization process will be supported through the establishment of mechanisms for analysing constraints and identifying appropriate solutions at the local level. In that context, certain targeted regions will be assisted at the levels of strategic planning, monitoring and participatory evaluation of the social sectors. In order to eliminate obstacles to the use of social services and to the adoption of social standards and types of behaviour favourable to the survival, development and protection of children, decentralized models for following up on outcomes as regards equity and the gender perspective will be tested. In the area of health, emphasis will be placed on the integration of programmes and services which target mothers, children and adolescents and include activities for HIV/AIDS prevention and nutrition improvement. Special attention will be paid to setting up early warning systems to avert risks, disasters and vulnerabilities that affect children. The programmes will support initiatives for strengthening the resilience of communities.

25. Third, the participation of children, adolescents and young persons, regardless of gender, will be promoted and mainstreamed into the development process through capacity-building for them and the other stakeholders. In that framework, those

groups will be encouraged to participate in the development, monitoring and evaluation of policies and strategies that concern them.

26. The main partners in implementing and following up on this component will be the Office of the Prime Minister, the Ministries of Planning, Social Affairs, Youth, the Family and Children, Finance and Health, civil society organizations, local authorities, the media, academic and research institutions and international organizations.

Component entitled "Quality education for all children"

27. This component aims at reforming the education system with a view to making it more equitable, inclusive and effective, in the context of democratic transition characterized by strong social demand. The component comprises the three sub-components described below.

28. The first sub-component concerns early childhood education and consists in formulation, monitoring and evaluation of the strategy for generalizing the pre-school year and establishing public and community kindergartens in the poorest areas. These aims will be achieved through advocacy, capacity-building, knowledge management and exchange of experience.

29. The second sub-component will promote support for mainstreaming the new strategy against dropping out of school and elementary school failure into the reform process on the basis of recent studies in order to implement innovative regional and gender-specific procedures focused on children and adolescents. Such support will consist in training national and regional executives, introducing decentralized mechanisms to follow up on outcomes and supporting pupils in difficulty in disadvantaged establishments and areas.

30. The third sub-component will consist in supporting educational system reform, aimed at improving quality and equity, through the creation of governance authorities and monitoring and evaluation entities, the enhancement of the capacities of stakeholders, advocacy and technical assistance in introducing special programmes (school inclusion of disabled children, priority education or social activities for schools), and the adoption of strategies for civic education or the prevention of school violence and drug addiction. The participation of all pupils, regardless of gender, and other education stakeholders will be actively encouraged.

31. Education component implementation partners will be the Ministry of Education and institutions supervised by it, the Ministries of Social Affairs and the Family, and other partners, such as regional delegations, local authorities, academic and research institutions, civil society organizations and technical and financial partners (TFPs).

Component entitled "Child and adolescent protection"

32. This component aims at strengthening the system for the protection of boys and girls against violence, abuse, exploitation and negligence, through improved and equitable prevention and other appropriate measures. The component comprises the three sub-components described below.

33. The first sub-component concerns support at the level of legal standards, policies and the protection system through the adoption of a national strategy for the protection of children that is gender-sensitive and aims at more effective targeting of children victims of violence, mistreatment, abuse or exploitation; the updating and

operational implementation of the national plan for combating violence against children; and strengthening information systems to ensure more effective rapid response. Emphasis will be given to networking and improved coordination among services (stressing the mobilization of the health and education sectors), with a focus on prevention and rehabilitation of child victims, regardless of gender.

34. The second sub-component concerns protection services. Institutionalization will be reduced in favour of placement with a family, support for biological families, family rehabilitation and development of programmes for assisting de-institutionalized children. Building the capacities of professional staff, implementing such alternatives to detention as release under supervision, and promoting social and family reintegration of all children, regardless of gender, will ensure that the professionals concerned will apply the legislation more appropriately to children in contact with the law and that such children are protected more effectively.

35. The third sub-component concerns social change. Studies on family educational practices, particularly from a gender perspective, and advocacy of social and behavioural change will lead to improved practices on the part of families and professionals and will help to combat discrimination against vulnerable children.

36. The main partners will be the Ministries of the Family, Justice, Social Affairs, Security, Health, Education and Vocational Training, and Employment, civil society organizations and the media. Consideration will be given to other innovative partnerships with parliament and with academic, research and training institutions.

Intersectoral component

37. Cross-cutting advocacy strategies based on factual data, knowledge management, South-South or triangular cooperation, and promotion of innovation will support the programme as a whole and will be supplemented with promotion of the participation of children and adolescents and with advocacy of social and behavioural change towards respect for the rights of children and gender equality. In each component, attention will be paid to children with disabilities. The intersectoral component will serve as support for all of the other components.

Relationship to national priorities and UNDAF

38. The United Nations Development Assistance Framework (UNDAF) is based on the following three main pillars of development in Tunisia:

(a) Democratic governance;

(b) An inclusive, sustainable and resilient economic model;

(c) Social protection and equal access to quality social services. The action described above is part of the third pillar and is related to the other two.

39. In the absence of a development plan, national priorities are established in national budgets and processes based on a broad national consensus, such as the social contract signed in early 2013 by social partners and the Government.

Relationship to national priorities

40. Tunisia has progressed towards achieving the MDGs and has attained most of the targets to be reached by 2015. A joint effort on the part of United Nations agencies is required in order to eliminate lags in connection with MDG 5 and MDG 6.

41. The country programme is designed to address multisectoral problems and gives priority to three outcomes of the strategic plan of UNICEF for the period 2014-2017: social inclusion, education and protection. It is based on the observations of human rights treaty bodies, particularly the concluding observations formulated by the Committee on the Rights of the Child in 2010 and requiring a response from the country during the next period.

Major partnerships

42. In this programme, the Government and UNICEF will accord priority to the creation of partnerships between the public and private sectors, civil society, the media and international organizations in order to promote the rights of all children in Tunisia.

43. Cooperation with academic and research institutions will aim at sharing knowledge on children, promoting institutionalized training and identifying innovative approaches. Partnerships will be sought with NGOs in order to build their capacity to support vulnerable children, with the private sector in view of its social responsibility, and with the media in order to enhance their programming capacities and ethical role with respect to the child and promote children's participation in media production.

44. Partnerships with international organizations will be established in order to create synergies within the framework of the various components. Partnerships with the World Bank and the European Union will be strengthened. In order to ensure consistency among agencies of the United Nations system, there are plans for joint programmes, particularly in the areas of maternal health and young persons. South-South cooperation will be conducive to experience sharing and bilateral or triangular inter-agency collaboration. Increased attention will be paid to partnerships with organizations specializing in gender issues in order to encourage girls' and women's empowerment and mainstream gender considerations into all programme components.

Monitoring, evaluation and programme management

45. Monitoring and evaluation will help to assess progress, constraints and challenges through equity- and gender-sensitive information systems within partner institutions. Monitoring and evaluation will rely on collecting disaggregated data and building national and regional capacities in data analysis and use, particularly at the decentralized level, through tools for following up outcomes as regards equity.

46. Monitoring and evaluation mechanisms of the country programme will be similar to those set up within the UNDAF. Support will be provided for carrying out such surveys as the MICS on progress achieved during the period. Lastly, evaluations of programme components and a gender-specific analysis will be conducted in that interval.

47. Activities will be monitored through cooperation between UNICEF and national partners, civil society, beneficiary communities and children, adolescents and young persons, regardless of gender, by means of visits on the ground, identification of experiences, and verification procedures provided for within the framework of the harmonized approach to cash transfers (HACT). Coordination will be ensured through participation in thematic or multi-party coordination groups.